Child Deaths in Davidson County, Tennessee 2002

Ninth Annual Report
Released March 2004

Child Deaths in Davidson County, Tennessee, 2002

Author: Brook McKelvey, M.A., M.P.H.
Maternal and Child Health Epidemiologist
Metropolitan Public Health Department

Leaders of the Child Death Review Team

Dr. Stephanie B. C. Bailey, M.D., M.S.H.S.A., Team Chair
Director, Metropolitan Public Health Department

Dr. Bruce Levy, M.D., Team Vice-Chair
Nashville and Davidson County Medical Examiner
State of Tennessee Medical Examiner

Jannie Williams, M.P.A., Team Staff Support
Executive Assistant to the Director of Health

Table of Contents

List of Figures

List of Tables

List of Maps

Executive Summary

The Child Death Review Team (CDRT) in Davidson County is a multi-disciplinary group that works to understand the causes of death of resident children under the age of 18 years. Founded in 1994 by a Mayoral Executive Order, the team is directed to affect system and policy change, thereby preventing future deaths. Members of the team represent a variety of disciplines including public health, law enforcement, medicine, and social service.

In Davidson County during the year 2002, 122 resident children died. The CDRT determined the manner of death to be natural causes for 82.0% (100 deaths) of the cases, and unintentional injuries for 11.5% (14 deaths). Homicide accounted for 3.3% (4 deaths) of the cases reviewed, and suicide accounted for 1.6% (2 deaths). The manner of death could not be determined for 1.6% (2 deaths) of the cases reviewed.

The largest group of child deaths occurred among children less than one year of age (68.9%). Of these, nearly 96.4% (81 deaths) died of natural causes, and 38.1% (32 deaths) survived less than one day after birth. The next largest group of child deaths occurred among children aged 13 – 17 years (15.6%). Of these, 42.1% died from unintentional injuries.

Each year, the CDRT makes recommendations for policy and service changes based on the results of child death investigations in an effort to prevent future childhood mortality. For the year 2002, the CDRT suggests that if a mother has a positive test for illegal substances, the baby must also be tested. Additionally, if the child test positive for illegal substances, the mother must also be tested. If either has a positive test, then both child and mom should be reported to the Department of Children's Services (DCS) for investigation. The CDRT also recommends that a public awareness campaign be instituted that stresses the dangers of in utero exposure to tobacco, alcohol, cocaine, and illegal drug use. In conjunction with this recommendation is the suggestion that a statute be established that requires mandatory reporting to DCS of illegal drug use during pregnancy. In an effort to reduce the number of teenage suicides, the CDRT suggests that a Public Service Announcement be distributed that encourages teens to report suicidal thoughts and behaviors among their peers to an adult or call the crisis hotline. Lastly, the CDRT recognizes the need to improve the accuracy and timeliness of the vital records registry system. As a step towards this goal, the CDRT suggests the system be changed so that death certificates in Tennessee are generated by the certifying physician instead of funeral home directors.

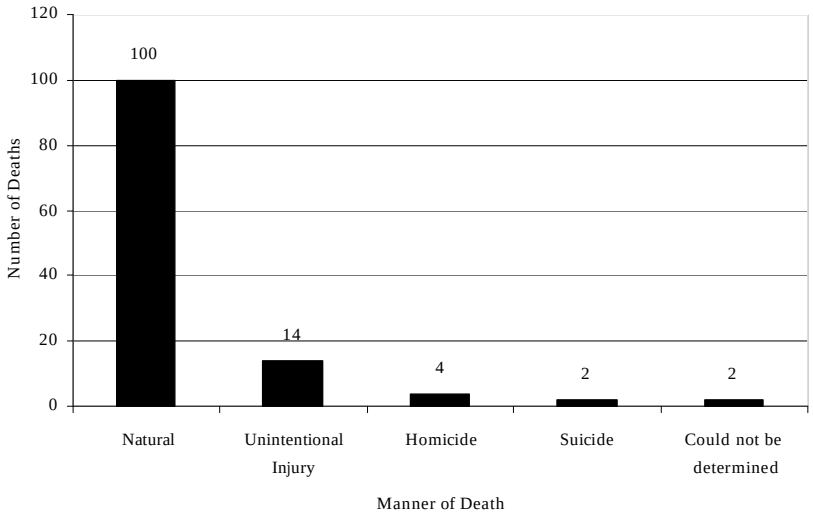
Overview of Child Deaths in Davidson County for 2002

There were a total of 122 fatalities recorded among resident children under the age of 18 in 2002 for Davidson County. The Child Death Review Team (CDRT) conducted a mutli-disciplinary team review of all 122 deaths. This report presents the findings and recommendations of the team.

The CDRT judged 24.6% of the birth certificates and 40.2% of the death certificates to be incomplete or inaccurate. Errors and incomplete information in vital statistics data has the potential of hindering the efforts of the CDRT. The types of errors found on birth certificates, for example, include inaccurate prenatal care information, incomplete recording of maternal medical risk factors, and incorrect recording of abnormalities of the child at birth. Death certificate errors tend to be primarily errors of omission. The fields most commonly left blank are manner of death and whether or not an autopsy was performed. Despite incomplete information, however, the CDRT agreed with the manner of death indicated on the death certificate in 85.3% of the cases. The manner of death was not indicated on the death certificate for 11.5% of the cases. In those instances, the manner of death was determined by the CDRT.

The CDRT determined the manner of death to be natural causes for 82.0% (100 deaths) of the cases and unintentional injuries for 11.5% (14 deaths). Homicide accounted for 3.3% (4 deaths) of the cases reviewed, and suicide accounted for 1.6% (2 deaths). The manner of death could not be determined for 1.6% (2 deaths) of the cases reviewed. (See Figure 1)

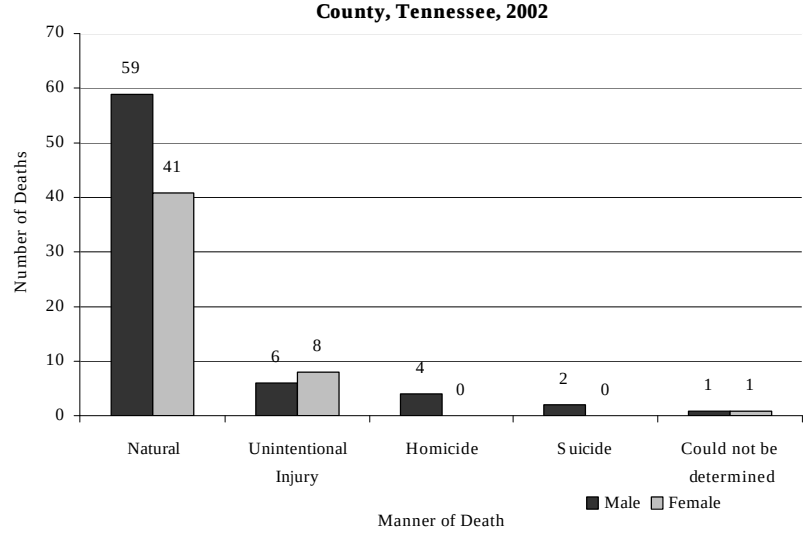
Figure 1. Number of Deaths by Manner of Death, Davidson County, Tennessee, 2002



The largest group of child deaths occurred among children less than one year old (68.9%). Of these, nearly 96.0% died of natural causes, and 38.1% survived less than 24 hours after birth. Those that survived less than 24 hours after birth represent 26.2% of all child deaths in 2002. The next largest group of child deaths occurred among children aged 13 – 17 (15.6%). Of these, 42.1% died from unintentional injuries. (See Table 1 on page 5.)

Demographically, 59.0% of child deaths in Davidson County during 2002 were male. More males than females died of natural causes (59 male deaths, 41 female deaths), homicide (4 male deaths, 0 female deaths), and suicide (2 male deaths, 0 female deaths). More females than males died of unintentional injuries (6 male deaths, 8 female deaths). (See Figure 2)

Figure 2: Number of Deaths by Manner of Death and Sex, Davidson County, Tennessee, 2002



Over 46% of child deaths were reported as white, 48.4% were reported as black, and 4.9% were reported as other races. Nearly 7% of child deaths were recorded as Hispanic. (Data not shown). The number of black deaths due to natural causes is 8.7% higher than the number of white deaths; however, the number of black deaths due to unintentional injury is 66.7% lower than the number of white deaths. (See Figure 3)

Table 1. Number and Percentage of Deaths by Manner of Death and Age, Race, and Sex, Davidson County, Tennessee, 2002

	Total		Age							Sex		Race			
			Detail of Cases < 1 year			All Cases									
Manner of Death	**N**	**%**	**<1 day**	**1-28 days**	**29-364 days**	**< 1 year**	**1-5 years**	**6-12 years**	**13-17 years**	**Male**	**Female**	**White**	**Black**	**Other**	**Unknown**
Natural	100	82.0	32	25	24	81	9	4	6	59	41	46	50	4	0
Unintentional Injury	14	11.5	0	0	1	1	4	1	8	6	8	9	3	2	0
Homicide	4	3.3	0	0	0	0	1	0	3	4	0	1	3	0	0
Suicide	2	1.6	0	0	0	0	0	0	2	2	0	1	1	0	0
Undetermined[1]	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Determined[2]	2	1.6	0	1	1	2	0	0	0	1	1	0	2	0	0
Total	122	100	32	26	26	84	14	5	19	72	50	57	59	6	0
Percentage*	100		26.2	21.3	21.3	68.9	11.5	4.1	15.6	59.0	41.0	46.7	48.4	4.9	0.0

*Percentage of total deaths

[1]Undetermined due to suspicious circumstances

[2]Could not be determined

Figure 3. Number of Deaths by Manner of Death and Race, Davidson County, Tennessee, 2002

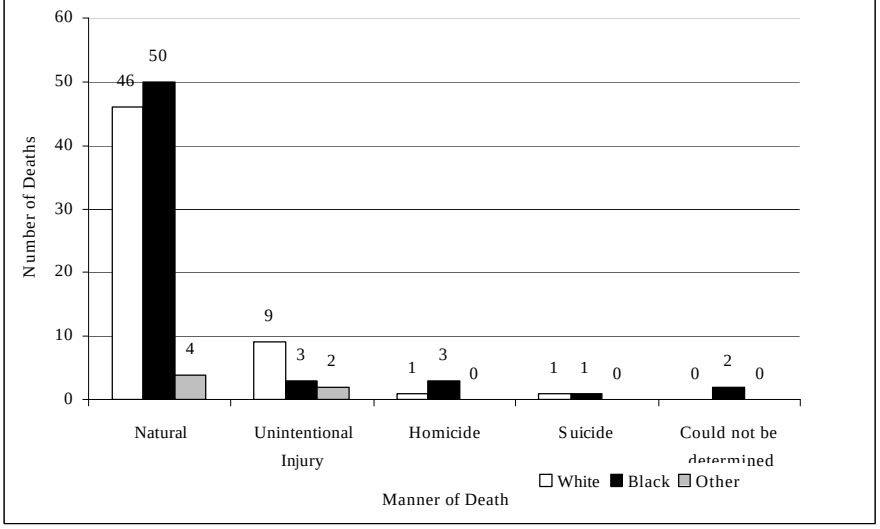


Table 2 depicts the number and percentage of child deaths by manner of death and maternal age at birth. In 2002, over half of all deaths occurred to children born to mothers between the ages of 20 and 29. Of these, 80.3% were due to natural causes. Nearly 25.0% of all deaths occurred in children born to mothers between the ages of 30 and 39. Of the deaths in this age category, nearly 93.0% were due to natural causes. The remaining deaths occurred to children born to mothers aged less than 20 years (27.9%) or 40 years old and older (1.8%).

Table 2. Number and Percentage of Deaths by Manner of Death and Maternal Age, Davidson County, Tennessee, 2002

	Total		Maternal Age					
Manner of Death	**N**	**%**	**13-14**	**15-17**	**18-19**	**20-29**	**30-39**	**40+**
Natural	95	85.6	0	6	13	49	25	2
Unintentional Injury	11	9.9	0	0	1	8	2	0
Homicide	1	0.9	0	0	1	0	0	0
Suicide	2	1.8	0	0	0	2	0	0
Undetermined[1]	0	0.0	0	0	0	0	0	0
Not Determined[2]	2	1.8	0	0	0	2	0	0
Total[3]	111	100	0	6	15	61	27	2
Percentage*	100		0.0	5.4	13.5	55.0	24.3	1.8

*Percentage of total deaths

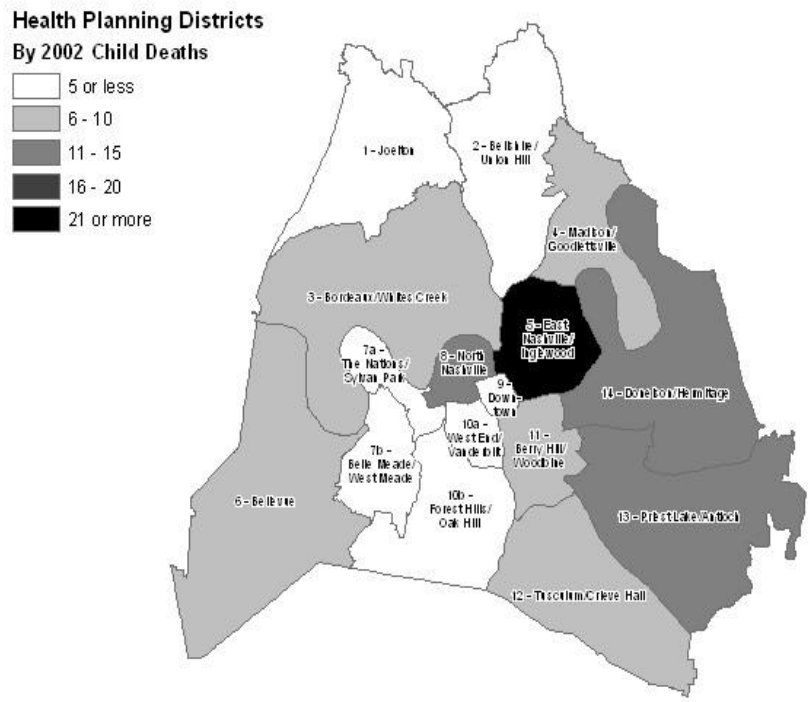
[1]Undetermined due to suspicious circumstances

[2]Could not be determined

[3]Maternal age was not reported for 11 deaths. These deaths are excluded from this portion of the analysis.

The CDRT evaluates the presence of a history with child protective services, the presence of abuse and neglect, and the presence of a delay in seeking medical treatment with each child death. In some cases, there is enough evidence to raise suspicion but not enough evidence to provide a definitive answer. In those situations, the CDRT marks the case as unknown. In 2002, 13.9% (17 deaths) of cases had prior involvement with child protective services. The CDRT suspected child abuse and neglect in 1.6% (2 cases, 2 unknown) of the child death cases. Both cases of suspected abuse and neglect also had child protective services involvement. Of the 2 unknown abuse and neglect cases, 1 reported having child protective services involvement. Less than 1% (1 case) of cases demonstrated evidence of a delay in seeking medical treatment for the child (2 unknown).

As depicted in the map below, most of the child deaths in Davidson County during 2002 occurred in the 5th planning district of East Nashville/Inglewood with 21 or more deaths. Districts with the next highest ranking (11-15 deaths) are North Nashville, Donelson/Hermitage, and Priest Lake/ Antioch.



Note: This map is based on 121 child deaths in Davidson County during 2002. One death was excluded from this map because the address could not be geocoded.

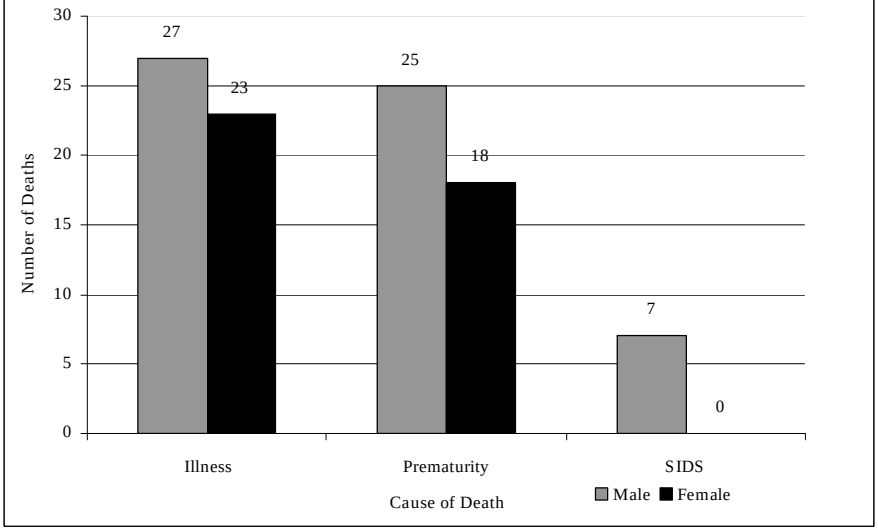
Deaths Due to Natural Causes

In Davidson County during 2002, there were 100 child deaths due to natural causes. These 100 deaths represent 82.0% of all child deaths. Of these deaths due to natural causes, 50.0% resulted from illness or other natural cause, 43.0% resulted from prematurity, and 7.0% were due to Sudden Infant Death Syndrome (SIDS). (See Table 3 on page 9)

The majority of deaths due to natural causes involved infants, with 81.0% occurring among children less than one year of age. Among these infant deaths due to natural causes, 39.5% involved newborns less than one day old, 30.9% involved infants less than one month old, and 29.6% involved infants less than one year old. Beyond one year of age, the age group with the greatest number of deaths was children 1-5 years of age (9.0%).

There were more male deaths due to natural causes (59.0%) than female deaths (41.0%). Male deaths outnumbered female deaths for each specific cause of death as well. The number of male deaths due to illness or other natural cause is 17.3% higher than the number of female deaths. Additionally, the number of male deaths due to prematurity is 38.9% higher than the number of female deaths, and male deaths account for all of the SIDS deaths during 2002. (See Figure 4)

Figure 4: Number of Deaths Due to Natural Causes by Sex, Davidson County, Tennessee, 2002



Demographically, 46.0% of natural deaths were reported as white, 50.0% were reported as black, and 4.0% were reported as other races. The number of black deaths due to illness or other natural causes is 25.9% lower than the number of white deaths. However, the number of black deaths due to prematurity is 80% higher than the number of white deaths due to the same cause.
(See Figure 5)

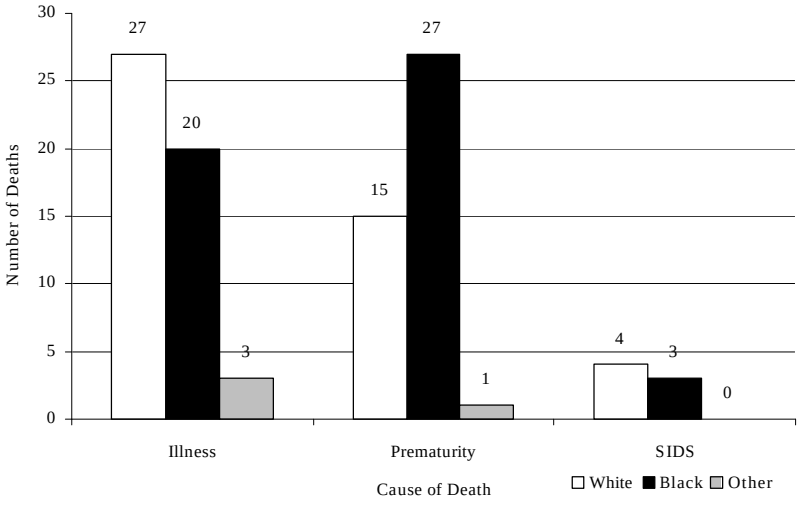
Table 3. Number and Percentage of Deaths Due to Natural Causes by Age, Sex, and Race, Davidson County, Tennessee, 2002

	Total		Age							Sex		Race			
			Detail of Cases < 1 year			All Cases									
Cause of Death	**N**	**%**	**<1 day**	**1-28 days**	**29-364 days**	**< 1 year**	**1-5 years**	**6-12 years**	**13-17 years**	**Male**	**Female**	**White**	**Black**	**Other**	**Unknown**
Illness or Other Natural Cause	50	50.0	6	10	15	31	9	4	6	27	23	27	20	3	0
Prematurity[1]	43	43.0	26	14	3	43	0	0	0	25	18	15	27	1	0
SIDS	7	7.0	0	1	6	7	0	0	0	7	0	4	3	0	0
Total	100	100	32	25	24	81	9	4	6	59	41	46	50	4	0
Percentage*	100		32.0	25.0	24.0	81.0	9.0	4.0	6.0	59.0	41.0	46.0	50.0	4.0	0.0

*Percentage of total deaths

[1]For 1 prematurity death, the Review Team decided the manner of death could not be determined. This death is excluded from this part of the analysis.

Figure 5. Number of Deaths Due to Natural Causes by Race, Davidson County, Tennessee, 2002

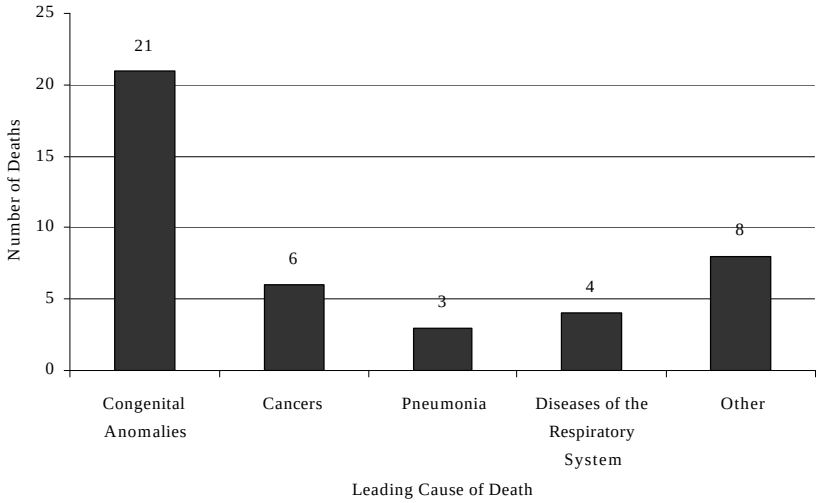


Deaths Due to Natural Causes: Illness or Other Natural Cause

Fifty children died from illnesses or other natural conditions in Davidson County during the year 2002. These 50 deaths represent 50.0% of all deaths due to natural causes and nearly 41% of all child deaths for the year. The majority (62.0%) of all deaths due to illnesses involved children less than 1 year of age. The percentage of male deaths (54.0%) is only slightly higher than the percentage of female deaths (46.0%), but the number of black deaths is 25.9% lower than the number of white deaths. (See Table 3)

The leading cause of death among deaths due to illnesses and other natural causes is congenital anomalies, accounting for 21 deaths (42.0%). The second leading cause of death is cancer, accounting for 6 deaths (12.0%). The category labeled as other contains deaths of undetermined cause and deaths that do not fit into any other category. As such, it is a remainder grouping and does not count as a true cause of death. (See Figure 6)

Figure 6. Leading Causes of Death Due to Illness and Other Natural Causes, Davidson County, Tennessee, 2002



Deaths Due to Natural Causes: Prematurity

Forty-three infants died from complications due to prematurity in Davidson County during the year 2002. These 43 deaths represent 43.0% of all deaths due to natural causes and 35.2% of all deaths of children in 2002.

Examining prematurity deaths by gestational age reveals that 16 deaths (40.0%) were 22 weeks or less gestational age, 24 (60.0%) were between 23 and 37 weeks gestational age, and the gestational age was not reported for three cases.

Among the deaths due to prematurity born at 22 weeks or less, 87.5% died within 24 hours of birth, and the remainder died within the first 28 days of life. Additionally, 11 (68.8%) of these very premature births weighed less than 500 grams, and 4 (25%) premature births weighed between 500 and 1,499 grams. The birthweight was not recorded for one of these deaths.

Among the deaths due to prematurity born at 23 to 37 weeks gestational age, 1 (4.2%) died within 24 hours of birth, 12 (50.0%) died within the first 28 days of life, and 3 (12.5%) died between 29 and 364 days of life. Additionally, 1 (4.2%) premature birth weighed less than 500 grams, 21 (87.5%) weighed between 500 and 1,499 grams, and 2 (8.3%) weighed between 1,500 and 2,499 grams. (See Table 4 on page 12.)

Table 4. Number and Percentage of Deaths Due to Prematurity[3] by Gestational Age, Age at Death, Birth Weight, Sex, and Race, Davidson County, Tennessee, 2002

	Total		Age			Birth weight in grams					Sex		Race			
Gestational Age	**N**	**%**	**<1 day**	**1-28 days**	**29-364 days**	**< 500**	**500-1499**	**1500-2499**	**2500+**	**Unknown**	**Male**	**Female**	**White**	**Black**	**Other**	**Unknown**
22 weeks or less	16	40.0	14	2	0	11	4	0	0	1	5	11	6	10	0	0
23 - 37 weeks	24	60.0	9	12	3	1	21	2	0	0	18	6	9	14	1	0
Total[1]	40	100	23	14	3	12	25	2	0	1	23	17	15	24	1	0
Percentage[2]	100		57.5	35.0	7.5	30.0	62.5	5.0	0.0	2.5	57.5	42.5	37.5	60.0	2.5	0.0

[1]Gestational age was not reported on 3 deaths. On 1 additional death, the manner of death could not be determined. These deaths were excluded from this part of the analysis.

[2]Percentage of total deaths

There are disparities in deaths due to prematurity for both sex and race. The percentage of prematurity deaths for males (57.5%) is higher than the percentage of deaths for females (42.5%). Similarly, the number of black deaths due to prematurity is 80.0% higher than the number of deaths for whites.

Deaths Due to Natural Causes: SIDS

Seven children died as a result of SIDS in Davidson County during the year 2002. These 7 deaths represent 7.0% of all deaths due to natural causes and 5.7% of all child deaths.

Sleeping position was not reported for 1 of the 7 deaths. Among those whose sleeping position was reported, 5 were put to sleep on their back, and 1 was face down on its stomach. Additionally, the presence of smoking in the house was not reported for 3 of the 7 deaths. Of the remaining 4 deaths for which information is available, 3 reported having a smoker in the household.

Deaths Due to Unintentional Injuries

Fourteen children died due to unintentional injuries in Davidson County during 2002. These 14 deaths represent 11.5% of all childhood deaths. The majority of these deaths resulted from vehicular incidents (71.4%). The next most common cause of unintentional injury death is suffocation (14.3%), followed by drowning and fire-related deaths (7.1% each). (See Table 5)

Table 5. Number and Percentage of Deaths Due to Unintentional Injury by Age, Sex, and Race, Davidson County, Tennessee, 2002

	Total		Age				Sex		Race		
Cause of Death	**N**	**%**	**< 1 year**	**1-5 years**	**6-12 years**	**13-17 years**	**Male**	**Female**	**White**	**Black**	**Other**
Vehicular	10	71.4	0	2	1	7	5	5	7	1	2
Firearm	0	0.0	0	0	0	0	0	0	0	0	0
Drowning	1	7.1	0	0	0	1	0	1	1	0	0
Suffocation	2	14.3	1	1	0	0	1	1	1	1	0
Fire/Burn	1	7.1	0	1	0	0	0	1	0	1	0
Poisoning	0	0.0	0	0	0	0	0	0	0	0	0
Total	14	100	1	4	1	8	6	8	9	3	2
Percentage*	100		7.1	28.6	7.1	57.1	42.9	57.1	64.3	21.4	14.3

*Percentage of total deaths

Demographically, the greatest number of deaths due to unintentional injury occurred among children aged 13 to 17 years (8 cases). The next highest number of deaths occurred among children aged 1 to 5 years (4 cases). Deaths among males (6 cases) are only slightly lower than the number of deaths among females (8 cases). Whites comprise the majority of injury related deaths (64.3%), with blacks comprising the second highest group of fatalities (21.4%). (See Table 5).

Deaths Due to Unintentional Injury: Motor Vehicle Crashes

Ten children died in motor vehicle crashes in Davidson County during the year 2002. These 10 deaths represent 71.4% of all deaths due to unintentional injuries and 8.2% of all child deaths. The numbers of deaths for males and females are equivalent (5 deaths each). Whites represent the majority of all vehicular deaths (70.0%). Blacks represent 10% of vehicular deaths and children of other races comprise 20%. (See Table 5)

With regards to age, 70% of vehicular deaths occurred to children aged 13 to 17 years. The next highest number of deaths occurred to children aged 1 to 5 years (20%), followed by children aged 6 to 12 years (10%). There were no vehicular deaths in 2002 to children less than one year of age.

The fatally injured child was the driver in 3 of the incidents, the passenger in 3 of the incidents, and a pedestrian in 3 incidents. The position of the victim is unknown for one incident. Regarding safety belt usage, 4 incidents report a safety belt in the vehicle, but not being used, and no case records proper safety belt usage. The details regarding safety belt usage are unknown for 2 incidents and not applicable for the 3 pedestrian deaths. Information regarding child safety seat usage is available for 1 death, and that case reported not having a child safety seat in the vehicle.

Examining the circumstances surrounding the motor vehicle crashes reveals that speed was indicated in 1 case, the driver was impaired in 1 case, and other violations were indicated in 2 deaths. Information regarding road conditions is unknown in 2 deaths. However, normal road conditions were reported for all other cases (8 cases).

Deaths Due to Unintentional Injury: Drowning, Suffocation, Fire and Burns

During 2002 there were no unintentional deaths due to a firearm, 1 death due to drowning, 2 deaths due to suffocation, and 1 death due to fire and burns. Together these 4 deaths represent approximately 28% of all deaths due to unintentional injuries and 3.3% of all child deaths in 2002.

The single drowning death occurred in a bathtub, the result of the child having a seizure. Overlying, or an individual rolling over or lying on top of the child, was the cause of 1 unintentional death due to suffocation. The other suffocation death resulted from the child being placed on a soft-sleeping surface and surrounded by pillows. The single death due to fire and burns was the result of an unattended child playing with a candle. This child died of smoke inhalation. It is unknown if this location had an operational smoke detector present.

Deaths Due to Violence: Homicide and Suicide

Violence-related deaths are those determined to be either suicides or homicides. There was a total of 6 violence-related deaths in Davidson County during the year 2002 - 4 (66.7%) homicides and 2 suicides. Together, violence-related deaths comprise 4.9% of all childhood deaths. All of these deaths were male. Blacks comprised 66.7% of violence-related deaths, and whites comprised 33.3%. There were no violent deaths reported for other races. (See Table 6.)

All 6 violence-related deaths were due to firearms. One homicide was committed with a shotgun, and the remaining firearm deaths involved the use of handguns. In both cases of suicide, the home was the source of the firearm. Among homicides, the home was the source of the firearm in 1 case. In the remaining 3 cases, the source of the firearm is unknown.

Table 6: Number and Percentage of Deaths Due to Violence by Age, Sex, and Race, Davidson County, Tennessee, 2002

		Total		Age All Cases				Sex		Race		
Manner of Death	**Cause of Death**	**N**	**%**	**< 1 year**	**1-5 years**	**6-12 years**	**13-17 years**	**Male**	**Female**	**White**	**Black**	**Other**
Homicide	Fire/Burn	0	0.0	0	0	0	0	0	0	0	0	0
	Firearm	4	66.7	0	1	0	3	4	0	1	3	0
	Inflicted Injury	0	0.0	0	0	0	0	0	0	0	0	0
	Suffocation	0	0.0	0	0	0	1	0	0	0	0	0
Suicide	Suffocation	0	0.0	0	0	0	0	0	0	0	0	0
	Vehicular	0	0.0	0	0	0	0	0	0	0	0	0
	Firearm	2	33.3	0	0	0	2	2	0	1	1	0
	Total	6	100	0	1	0	6	6	0	2	4	0
	Percentage[1]	100		0.0	16.7	0.0	100.0	100.0	0.0	33.3	66.7	0.0

Child Death Review Team Accomplishments for 2002

- The Team reviewed 122 cases during 2002.

- Dr. Kimberlee Wyche-Etheridge, Director of the Health Department's Division of Child and Adolescent Health, secured monies for Project Blossom* to start the Baskets for Babies Program. The monies provided materials for community members to make baby bassinets for low-income families who do not have a safe place for a newborn to sleep. The cost of each bassinet is less than $20.

- It is hoped that this program will help prevent overlying deaths of infants. Forty-two baskets are ready for distribution. Additional parental education will occur as baskets are distributed. Parents will be instructed to place infants on their backs in accordance with the national Back To Sleep campaign. Dr. Wyche-Etheridge is serving as the lead for this program, and she is providing technical support to other communities planning similar projects.

- The Child and Adolescent Health Division in conjunction with the Medical Examiner's Office devised a system to provide timely grief counseling services to families experiencing the death of a child from SIDS.

*Project Blossom is a coalition working to improve infant health outcomes in Davidson County.

Child Death Review Team Recommendations for 2002

- If a mother tests positive for illegal substances, the child must also be tested. Additionally, if the child tests positive for illegal substances, the mother must also be tested. Also, if either tests positive, both mother and child should be reported to the Department of Children's Services (DCS) for investigation and follow-up.

- In order to reduce suicides in Tennessee, Public Service Announcements (PSAs) should be produced and widely disseminated. These PSAs should encourage teenagers to report any suicidal behavior or speech among their peers to an adult or call the crisis hotline.

- For all unexplained child deaths, the mother's name, social security number, and date of birth should be reported to the Child Death Review Team at a minimum. Ideally, information should be reported on other household members and/or adult caretakers. This will allow Team members to bring all pertinent information to the meeting, including information on other siblings.

- The vital records system in Tennessee should be changed so that death certificates are generated by the certifying physician and not the funeral home director. Such a change would improve the timeliness and accuracy of reporting.

- A public awareness campaign should be conducted that stresses the dangers of in utero exposure to tobacco, alcohol, cocaine, and other illegal drugs that may endanger the health of the baby.

- A statute should be established that makes it mandatory to report history of illegal drug use during pregnancy to the Department of Children's Services.

Overview of Child Deaths in Davidson County for 1994 - 2002

The Child Death Review Team in Davidson County has been actively reviewing cases since 1994. In an effort to determine trends in child death, all the data previously collected was reexamined and reevaluated.

Methods

Since the state reporting form that guides the review process has changed through time (see Appendix), a retrospective review of each case was performed. Where applicable, categories were updated to conform to the most recent collection form in order to allow for comparability through time. For example, in 1994, premature deaths were categorized as illness or other natural cause deaths. During the review process, deaths that clearly resulted from prematurity were marked as such to allow for a more accurate measurement of the number of prematurity deaths through time.

Consistency was also applied to the racial designation assigned to the child. Race is typically recorded as the race of the child listed on the death certificate. If no race was listed, then the race assigned to the child was the race of the mother as listed on the birth certificate. Additionally, Hispanic status of the child is rarely recorded correctly on the death certificate. When questions arose regarding this variable, the same principle was applied. The child was designated as Hispanic if either the mother or the father were reported as Hispanic on the birth certificate.

Each address in the database was compared to information provided by the U.S. Census Bureau. If the address indicated residence outside of Davidson County, that death was excluded from this analysis. Additionally, duplicate records were also excluded. For these two reasons, the numbers presented here may differ from those in previous reports. Table 7 depicts the number of deaths excluded due to residence for each year.

Table 7: Total Number of Cases Reviewed by the Child Death Review Team and the Number of Excluded Cases, Davidson County, Tennessee, 1994 - 2002

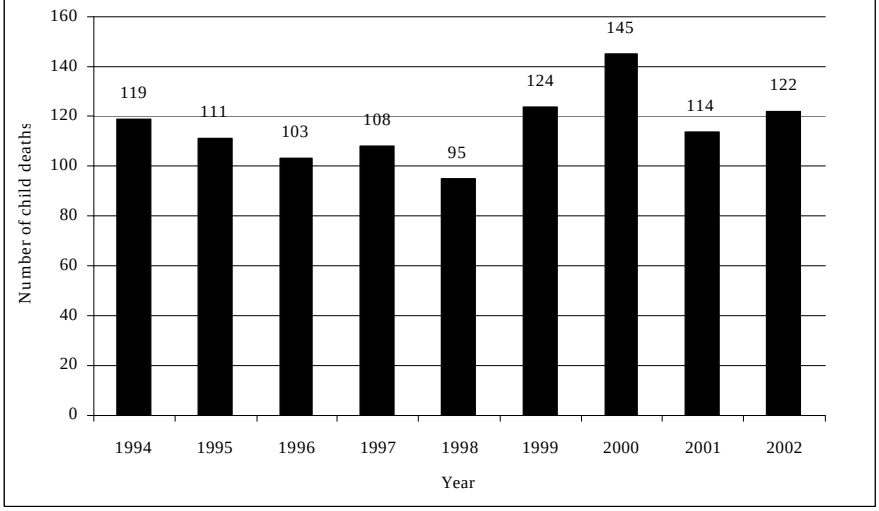
Year	Number of Cases	Number excluded	Total Cases
1994	129	10	119
1995	116	5	111
1996	105	2	103
1997	109	1	108
1998	95	0	95
1999	125	1	124
2000	145	0	145
2001	114	0	114
2002	123	1	122

Results

Figure 7 shows the number of resident child deaths the team reviewed each year. There appears to be no steady trend, and the number of deaths in 2002 is only 2.5% higher than the number of deaths in 1994.

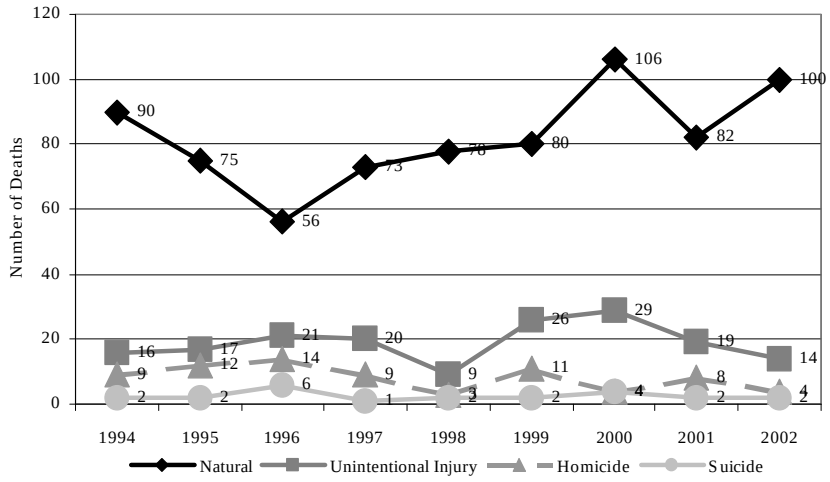
In 1994, the team reviewed a total of 119 deaths. This number steadily decreased to a low of 95 in 1998. From 1999 onward, the numbers of deaths have always been higher than 110, but show no discernable pattern. The greatest number of cases the team has reviewed is 145 in the year 2000. From 2001 and 2002, there appears to be the beginnings of an increasing trend, but based on previous years, it is unknown if this apparent trend is steady.

Figure 7: Number of Deaths to Resident Children Aged 17 Years and Younger, Davidson County, Tennessee, 1994 - 2002



Examining the number of cases by manner of death, it is clear that by far the greatest number of child deaths in Davidson County occur from natural causes. (See Figure 8) This has been true from the time the Review Team was established until the most recent review year of 2002. The second leading manner of death is unintentional injuries, followed by homicide and suicide. Homicides and suicides consistently account for only a small number of child deaths.

Figure 8: Number of Deaths to Resident Children Aged 17 Years and Younger by Manner of Death, Davidson County, Tennessee, 1994 - 2002



There has been an 11.1% increase in the number of deaths due to natural causes from 1994 to 2002. There appears to be the beginning of an increasing trend from 2001 to 2002; however, the trend line is not stable, and it is unknown if this is a true trend.

The trend line for unintentional injuries appears to be more stable through time than the trend for natural deaths. It shows a decrease in unintentional injuries from 2000 to 2002. Additionally, the number of deaths due to unintentional injury in 2002 is 12.5% lower than the number first reviewed in 1994.

The leading causes of natural death in Davidson County to children aged 17 and younger are illnesses, prematurity, and SIDS. (See Figure 9) The number of deaths due to illnesses and other natural causes has increased 19% since 1994. Although the increase is not steady, the numbers of deaths due to this cause is generally increasing. The increase in number of deaths due to illness or other natural cause is overshadowed, however, by the increase of deaths due to prematurity. Since 1994, there has been a 48% increase in the number of children who died due to prematurity. From the year 2000, the number of deaths due to prematurity seems to have reached a plateau of 40 to 45 deaths per year. It is unknown if this represents a steady trend.

SIDS deaths have decreased over time from 19 deaths in 1994 to 7 deaths in 2002. This represents a 63% decrease. Additionally, the number of deaths due to this cause has remained fairly stable since 1996, ranging from a low of 4 deaths in 1999 to a high of 8 deaths in 2000.

In contrast to deaths due to natural causes, there is only one leading cause of fatalities due to unintentional injury. There are consistently higher numbers of vehicular deaths than any other cause of unintentional injury, including deaths due to firearms and suffocation. (See Figure 10) Although no discernable trend can be detected for this data, the number of vehicular deaths has increased since 1994 by 25%.

Figure 9: Number of Natural Deaths to Resident Children Aged 17 Years and Younger for Selected Causes of Death, Davidson County, Tennessee, 1994 - 2002

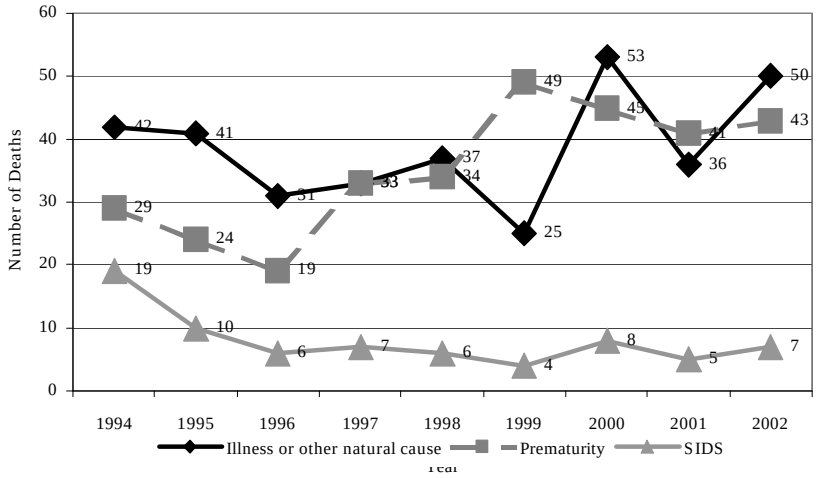
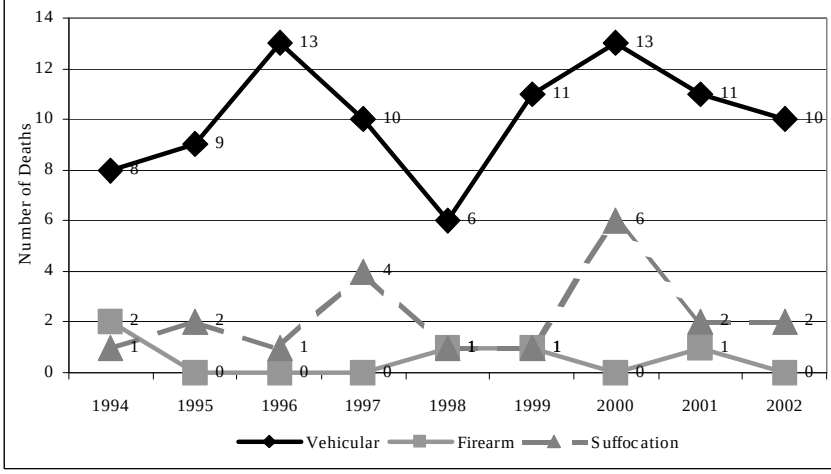


Figure 10: Number of Deaths Due to Unintentional Injury to Resident Children Aged 17 Years and Younger for Selected Causes of Death, Davidson County, Tennessee, 1994 - 2002



The second leading cause of death in this category is deaths related to firearms. Again, there is great variability in the number of deaths for each year. No discernable trend can be detected; however, the number of firearm deaths is considerably lower than the number of vehicular deaths for each year.

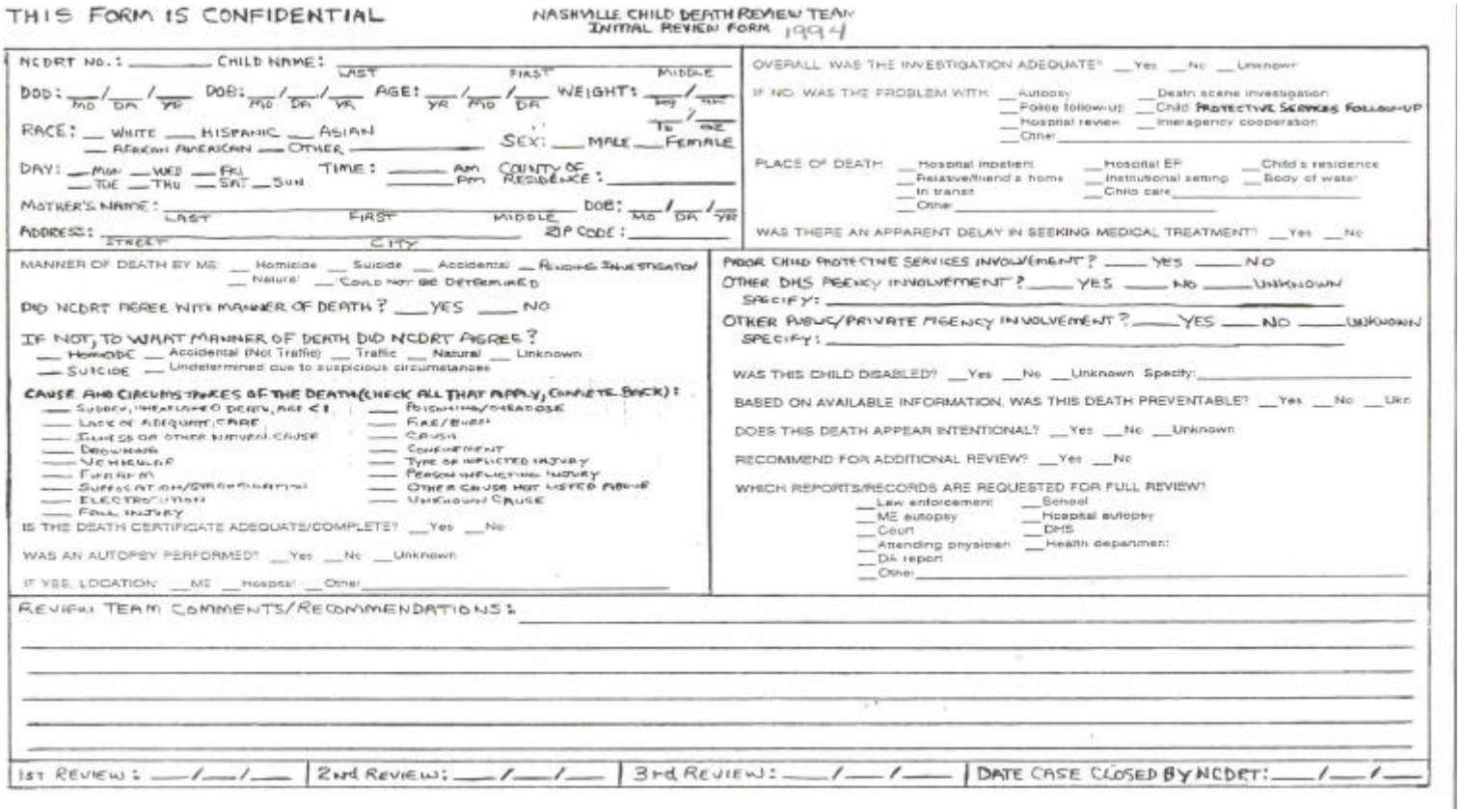
Appendix

The Child Fatality Review Process

When a child dies:

- The birth and death certificate is sent from the Metropolitan Public Health Department (MPHD) Vital Statistics staff to the Child Death Review Team data coordinator.
- Copies of the birth and death records are sent to the Team members. Available records are requested from programs within the MPHD (HUG, Healthy Start, WIC, etc.).
- All team members search their agency/hospital files and bring either the records or case summaries to team meetings.
- The team meets once a month. At these meetings, each case is reviewed and the paperwork is completed.
- The data coordinator enters the data into a database and sends the completed data forms to the State Fatality Review Program.

An annual report is produced. The purpose of the report is to disseminate findings and assist in the development of data-driven recommendations for the prevention of child deaths.



THIS FORM IS CONFIDENTIAL

NASHVILLE CHILD DEATH REVIEW TEAM
INITIAL REVIEW FORM 1994

NCDRT NO.: _____ CHILD NAME: _____ (LAST / FIRST / MIDDLE)

DOD: __/__/__ (MO DA YR) DOB: __/__/__ (MO DA YR) AGE: __/__/__ (YR MO DA) WEIGHT: __/__ (kg / lbs) __/__ (lb / oz)

RACE: __ WHITE __ HISPANIC __ ASIAN __ AFRICAN AMERICAN __ OTHER _____ SEX: __ MALE __ FEMALE

DAY: __ MON __ WED __ FRI __ TUE __ THU __ SAT __ SUN TIME: _____ AM _____ PM COUNTY OF RESIDENCE: _____

MOTHER'S NAME: _____ (LAST / FIRST / MIDDLE) DOB: __/__/__ (MO DA YR)

ADDRESS: _____ (STREET / CITY) ZIP CODE: _____

OVERALL, WAS THE INVESTIGATION ADEQUATE? __ Yes __ No __ Unknown

IF NO, WAS THE PROBLEM WITH: __ Autopsy __ Death scene investigation __ Police follow-up __ Child PROTECTIVE SERVICES FOLLOW-UP __ Hospital review __ Interagency cooperation __ Other: _____

PLACE OF DEATH: __ Hospital inpatient __ Hospital ER __ Child's residence __ Relative/friend's home __ Institutional setting __ Body of water __ In transit __ Child care _____ __ Other: _____

WAS THERE AN APPARENT DELAY IN SEEKING MEDICAL TREATMENT? __ Yes __ No

MANNER OF DEATH BY ME: __ Homicide __ Suicide __ Accidental __ Awaiting Investigation __ Natural __ Could not be determined

DID NCDRT AGREE WITH MANNER OF DEATH? ___ YES ___ NO

IF NOT, TO WHAT MANNER OF DEATH DID NCDRT AGREE?
__ Homicide __ Accidental (Not Traffic) __ Traffic __ Natural __ Unknown
__ Suicide __ Undetermined due to suspicious circumstances

CAUSE AND CIRCUMSTANCES OF THE DEATH (CHECK ALL THAT APPLY, COMPLETE BACK):

__ Sudden, unexplained death, age < 1	__ Poisoning/overdose
__ Lack of adequate care	__ Fall/push
__ Illness or other natural cause	__ Drug
__ Drowning	__ Confinement
__ Vehicular	__ Type of inflicted injury
__ Fire/burn	__ Person inflicting injury
__ Suffocation/strangulation	__ Other cause not listed above
__ Electrocution	__ Unknown cause
__ Fall, injury	

IS THE DEATH CERTIFICATE ADEQUATE/COMPLETE? __ Yes __ No

WAS AN AUTOPSY PERFORMED? __ Yes __ No __ Unknown

IF YES, LOCATION: __ ME __ Hospital __ Other: _____

PRIOR CHILD PROTECTIVE SERVICES INVOLVEMENT? ___ YES ___ NO

OTHER DHS AGENCY INVOLVEMENT? ___ YES ___ NO ___ UNKNOWN
SPECIFY: _____

OTHER PUBLIC/PRIVATE AGENCY INVOLVEMENT? ___ YES ___ NO ___ UNKNOWN
SPECIFY: _____

WAS THIS CHILD DISABLED? __ Yes __ No __ Unknown Specify: _____

BASED ON AVAILABLE INFORMATION, WAS THIS DEATH PREVENTABLE? __ Yes __ No __ Unk

DOES THIS DEATH APPEAR INTENTIONAL? __ Yes __ No __ Unknown

RECOMMEND FOR ADDITIONAL REVIEW? __ Yes __ No

WHICH REPORTS/RECORDS ARE REQUESTED FOR FULL REVIEW?
__ Law enforcement __ School
__ ME autopsy __ Hospital autopsy
__ Court __ DHS
__ Attending physician __ Health department
__ DA report
__ Other: _____

REVIEW TEAM COMMENTS/RECOMMENDATIONS: _____

1ST REVIEW: __/__/__ | 2nd REVIEW: __/__/__ | 3rd REVIEW: __/__/__ | DATE CASE CLOSED BY NCDRT: __/__/__

Appendix 2a

NASHVILLE CHILD DEATH REVIEW TEAM
INITIAL REVIEW FORM

PAGE 2

CAUSE AND CIRCUMSTANCES OF THE DEATH *

Complete blocks 1 - 14, as applicable, to indicate cause of death. If the death was due to inflicted injury, also complete block 15 to describe person inflicting the injury.

☐ 1 SUDDEN, UNEXPLAINED DEATH, AGE <1
1. Position of infant at discovery?
a. ☐ On stomach, face down
b. ☐ On stomach, face to side
c. ☐ On back d. ☐ On side e. ☐ Unknown

☐ 2 LACK OF ADEQUATE CARE
1. Apparent lack of care?
a. ☐ Malnutrition or dehyd. b. ☐ Oral water intoxication
c. ☐ Delayed medical care
d. ☐ Unplanned out-of-hospital birth
e. ☐ Inadequate medical attention
f. ☐ Other: _____ g. ☐ Unknown

☐ 3 ILLNESS OR OTHER NATURAL CAUSE
1. Apparent illness or other condition?
a. ☐ Known condition: _____
b. ☐ Unknown

☐ 4 DROWNING *(If inflicted injury, complete this block and block 15)*
1. Place of drowning?
a. ☐ Creek, river, pond, or lake
b. ☐ Well, cistern, or septic tank
c. ☐ Bathtub d. ☐ Swimming pool
e. ☐ Bucket f. ☐ Wading pool
g. ☐ Other: _____ h. ☐ Unknown
2. Location prior to drowning?
a. ☐ Boat b. ☐ Water edge
c. ☐ Other: _____ d. ☐ Unknown
3. Wearing flotation device?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. ☐ Circumstances Unknown

☐ 5 VEHICULAR *(If inflicted injury, complete this block and block 15)*
1. Position of decedent?
a. ☐ Driver b. ☐ Pedestrian
c. ☐ Passenger d. ☐ Other: _____
e. ☐ Unknown
2. Type of vehicle?
a. ☐ Car b. ☐ Truck/R.V.
c. ☐ Motorcycle d. ☐ Riding mower
e. ☐ Bicycle f. ☐ Farm tractor
g. ☐ Other farm vehicle
h. ☐ All-terrain vehicle
i. ☐ Other: _____ j. ☐ Unknown
7. Condition of road?
a. ☐ Normal b. ☐ Loose gravel
c. ☐ Wet d. ☐ Ice or snow
e. ☐ Other: _____
f. ☐ Unknown g. ☐ Not Applicable
8. Safety belt or infant seat?
a. ☐ Present in vehicle, but not used
b. ☐ None in vehicle c. ☐ Restraint used
d. ☐ Unknown e. ☐ Not Applicable
9. Deceased was wearing helmet?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not Applicable
10. Vehicle in which deceased was occupant?
a. ☐ Operator driving intoxicated
b. ☐ Speed/recklessness indicated
(1) Actual speed _____ mph
(2) Speed limit _____ mph
c. ☐ Other violation by operator
d. ☐ No operator in vehicle
e. ☐ Brake failure
f. ☐ Other mechanical failure
g. ☐ Other: _____
h. ☐ Unknown i. ☐ Not Applicable
11. Vehicle in which deceased was not occupant?
a. ☐ Operator driving intoxicated
b. ☐ Speed/recklessness indicated
(1) Actual speed _____ mph
(2) Speed limit _____ mph
c. ☐ Other violation by operator
d. ☐ No operator in vehicle
e. ☐ Brake failure
f. ☐ Other mechanical failure
g. ☐ Other: _____
h. ☐ Unknown i. ☐ Not Applicable
12. ☐ Circumstances Unknown

☐ 6 FIREARM *(If inflicted injury, complete this block and block 15)*
1. Person handling the firearm was?
a. ☐ Decedent b. ☐ Other person
c. ☐ Unknown d. ☐ Not Applicable
2. The firearm involved is?
a. ☐ Handgun b. ☐ Rifle
c. ☐ Shotgun d. ☐ Other: _____
e. ☐ Unknown f. ☐ Not Applicable
3. Age of person handling firearm is?
a. ☐ _____ yrs. b. ☐ Unknown
4. ☐ Use of firearm at time of injury?
a. ☐ Shooting at other person
b. ☐ Cleaning e. ☐ Target shooting
c. ☐ Loading e. ☐ Hunting
d. ☐ Playing g. ☐ Other: _____
h. ☐ Unknown i. ☐ Not Applicable
5. ☐ Circumstances Unknown

☐ 7 SUFFOCATION/STRANGULATION *(If inflicted injury, complete this block and block 15)*
1. Circumstances of the event?
a. ☐ Other person overlying or rolling over decedent
b. ☐ Caused by other person, not overlying or rolling over
c. ☐ Self-inflicted by decedent
d. ☐ Not inflicted by any person
e. ☐ Other: _____ f. ☐ Unknown
2. Object impeding breath was?
a. ☐ Food
b. ☐ Small object or toy in mouth
c. ☐ Other person's hand(s)
d. ☐ Object (eg., plastic bag) covering victim's mouth/nose
e. ☐ Object (eg., rope) exerting pressure on victim's neck
f. ☐ Other: _____ g. ☐ Unknown
3. Injury occurred in bed, crib, or other sleeping arrangement?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If in bed/crib, due to?
a. ☐ Hazardous design of crib/bed
b. ☐ Malfunction/improper use of crib
c. ☐ Placement on soft sleeping surface (eg., waterbed)
d. ☐ Other: _____
e. ☐ Unknown f. ☐ Not Applicable
5. Due to carbon monoxide inhalation?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. ☐ Circumstances Unknown

☐ 8 ELECTROCUTION *(If inflicted injury, complete this block and block 15)*
1. Cause of electrocution?
a. ☐ Water current b. ☐ Electrical wire
c. ☐ Electrical outlet d. ☐ Electrical appliance
e. ☐ Electrical tool f. ☐ Other: _____
g. ☐ Unknown h. ☐ Not Applicable
2. Electrical source detected?
a. ☐ Yes b. ☐ No c. ☐ Unknown
3. ☐ Circumstances Unknown

☐ 9 FALL INJURY *(If inflicted injury, complete this block and block 15)*
1. Fall was from?
a. ☐ Open window b. ☐ Furniture
c. ☐ A natural elevation
d. ☐ Stairs, steps (in baby walker)
e. ☐ Stairs, steps (other)
f. ☐ Other: _____ g. ☐ Unknown
2. Height of fall?
a. ☐ _____ feet b. ☐ Unknown
3. Landing surface composition/hardness?
a. ☐ Describe: _____
b. ☐ Unknown c. ☐ Not applicable
4. ☐ Circumstances Unknown

☐ 10 POISONING/OVERDOSE *(If inflicted injury, complete this block and block 15)*
1. Name of drug or chemical?
a. ☐ Name: _____
b. ☐ Unknown c. ☐ Not Applicable

☐ 11 FIRE/BURN *(Non-arson)*
1. If non-fire burn, its source?
a. ☐ Hot water etc. b. ☐ Appliance
c. ☐ Other: _____
d. ☐ Unknown e. ☐ Not applicable
2. If ignition/fire, its source?
a. ☐ Oven/stove explosion
b. ☐ Cooking appliance used as heat source
c. ☐ Matches d. ☐ Lit cigarette
e. ☐ Lighter f. ☐ Space heater
g. ☐ Furnace h. ☐ Explosives
i. ☐ Fireworks j. ☐ Electrical wire
k. ☐ Other: _____
l. ☐ Unknown m. ☐ Not Applicable
3. Smoke alarm present at fire scene?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If alarm present, did it sound?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not Applicable
5. Was the fire started by a person?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. If started by a person, his/her age?
a. ☐ Age _____ years
b. ☐ Unknown c. ☐ Not Applicable
7. If started by person, his activity?
a. ☐ Playing b. ☐ Smoking
c. ☐ Cooking d. ☐ Other: _____
e. ☐ Unknown f. ☐ Not Applicable
8. Type of construction of building burned:
a. ☐ Wood frame b. ☐ Brick/stone
c. ☐ Trailer d. ☐ Other: _____
e. ☐ Unknown f. ☐ Not Applicable
9. ☐ Circumstances Unknown

☐ 12 CRUSH (non-vehicle) *(If inflicted injury, complete this block and block 15)*
1. Describe circumstances:
a. ☐ Description: _____
b. ☐ Unknown
2. ☐ Circumstances Unknown

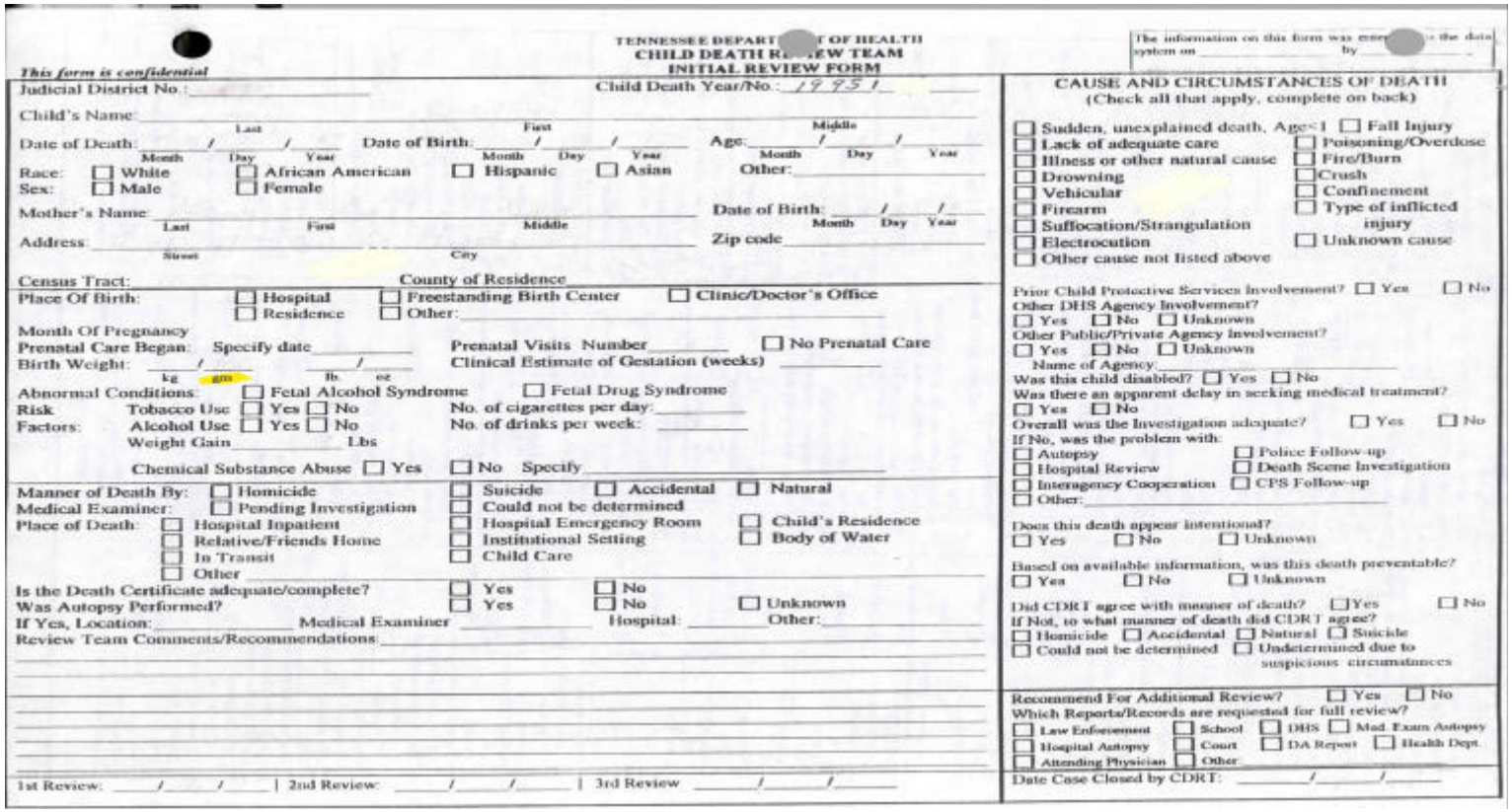
☐ 13 CONFINEMENT *(If inflicted injury, complete this block and block 15)*
1. Place of confinement
a. ☐ Refrigerator/appliance
b. ☐ Chest, box, trash locker
c. ☐ Motor vehicle
d. ☐ Room or building
e. ☐ Other: _____ f. ☐ Unknown
2. ☐ Circumstances Unknown

☐ 14 TYPE OF INFLICTED INJURY
1. Type of inflicted injury?
a. ☐ Shaken b. ☐ Struck
c. ☐ Cut/stabbed c. ☐ Thrown
e. ☐ Sexual assault
f. ☐ Other: _____ g. ☐ Unknown
2. Injury inflicted with?
a. ☐ Sharp object (eg., knife, scissors)
b. ☐ Blunt object (eg., hammer, bat)
c. ☐ Hot liquid or other substance
d. ☐ Hands/feet e. ☐ Fire/arson
f. ☐ Other: _____ g. ☐ Unknown
3. ☐ Circumstances Unknown

☐ 15 PERSON INFLICTING INJURY
1. Who inflicted the injury?
a. ☐ Self-inflicted b. ☐ Parent
c. ☐ Relative: _____ d. ☐ Other: _____
2. Age of person inflicting injury?
a. ☐ _____ years b. ☐ Unknown
3. Sex of person inflicting injury
a. ☐ Male b. ☐ Female c. ☐ Unknown
4. Race of person inflicting injury?
a. ☐ _____ (Race codes from Page 1)

☐ 16 OTHER CAUSE NOT LISTED ABOVE
(DESCRIBE CAUSE HERE ONLY IF NOT DESCRIBED ELSEWHERE)

☐ 17 UNKNOWN CAUSE
(IF CAUSE OF DEATH IS UNKNOWN OR UNCLEAR, CHECK HERE)



TENNESSEE DEPARTMENT OF HEALTH
CHILD DEATH REVIEW TEAM
INITIAL REVIEW FORM

This form is confidential

The information on this form was entered into the data system on _____ by _____

Judicial District No.: _____ Child Death Year/No.: 1995 1

Child's Name: _____ (Last / First / Middle)

Date of Death: ____/____/____ (Month / Day / Year) Date of Birth: ____/____/____ (Month / Day / Year) Age: ____/____/____ (Month / Day / Year)

Race: ☐ White ☐ African American ☐ Hispanic ☐ Asian Other: _____
Sex: ☐ Male ☐ Female

Mother's Name: _____ (Last / First / Middle) Date of Birth: ____/____/____ (Month / Day / Year)

Address: _____ (Street / City) Zip code _____

Census Tract: _____ County of Residence _____

Place Of Birth: ☐ Hospital ☐ Freestanding Birth Center ☐ Clinic/Doctor's Office ☐ Residence ☐ Other: _____

Month Of Pregnancy Prenatal Care Began: Specify date _____ Prenatal Visits Number _____ ☐ No Prenatal Care
Birth Weight: ____/____ (kg / gm) ____/____ (lb / oz) Clinical Estimate of Gestation (weeks) _____

Abnormal Conditions: ☐ Fetal Alcohol Syndrome ☐ Fetal Drug Syndrome
Risk Factors: Tobacco Use ☐ Yes ☐ No No. of cigarettes per day: _____
Alcohol Use ☐ Yes ☐ No No. of drinks per week: _____
Weight Gain _____ Lbs

Chemical Substance Abuse ☐ Yes ☐ No Specify _____

Manner of Death By: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural
Medical Examiner: ☐ Pending Investigation ☐ Could not be determined
Place of Death: ☐ Hospital Inpatient ☐ Hospital Emergency Room ☐ Child's Residence
☐ Relative/Friends Home ☐ Institutional Setting ☐ Body of Water
☐ In Transit ☐ Child Care
☐ Other _____

Is the Death Certificate adequate/complete? ☐ Yes ☐ No
Was Autopsy Performed? ☐ Yes ☐ No ☐ Unknown
If Yes, Location: _____ Medical Examiner _____ Hospital: _____ Other: _____
Review Team Comments/Recommendations: _____

1st Review: ____/____/____ | 2nd Review: ____/____/____ | 3rd Review ____/____/____

CAUSE AND CIRCUMSTANCES OF DEATH
(Check all that apply, complete on back)

☐ Sudden, unexplained death, Age<1
☐ Lack of adequate care
☐ Illness or other natural cause
☐ Drowning
☐ Vehicular
☐ Firearm
☐ Suffocation/Strangulation
☐ Electrocution
☐ Other cause not listed above
☐ Fall Injury
☐ Poisoning/Overdose
☐ Fire/Burn
☐ Crush
☐ Confinement
☐ Type of inflicted injury
☐ Unknown cause

Prior Child Protective Services Involvement? ☐ Yes ☐ No
Other DHS Agency Involvement?
☐ Yes ☐ No ☐ Unknown
Other Public/Private Agency Involvement?
☐ Yes ☐ No ☐ Unknown
Name of Agency: _____
Was this child disabled? ☐ Yes ☐ No
Was there an apparent delay in seeking medical treatment?
☐ Yes ☐ No
Overall was the Investigation adequate? ☐ Yes ☐ No
If No, was the problem with:
☐ Autopsy ☐ Police Follow-up
☐ Hospital Review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other: _____

Does this death appear intentional?
☐ Yes ☐ No ☐ Unknown

Based on available information, was this death preventable?
☐ Yes ☐ No ☐ Unknown

Did CDRT agree with manner of death? ☐ Yes ☐ No
If Not, to what manner of death did CDRT agree?
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined ☐ Undetermined due to suspicious circumstances

Recommend For Additional Review? ☐ Yes ☐ No
Which Reports/Records are requested for full review?
☐ Law Enforcement ☐ School ☐ DHS ☐ Med. Exam Autopsy
☐ Hospital Autopsy ☐ Court ☐ DA Report ☐ Health Dept.
☐ Attending Physician ☐ Other: _____

Date Case Closed by CDRT: ____/____/____

Appendix 2c

CAUSE AND CIRCUMSTANCES OF THE DEATH

Complete blocks 1 -14 as applicable to indicate cause of death. If the death was due to inflicted injury also complete block 15 to describe person inflicting injury.

☐ 1. SUDDEN, UNEXPLAINED DEATH AGE < 1

1. Position of infant at discovery?
a. ☐ On stomach, face down
b. ☐ On stomach, face to side
c. ☐ On back d. ☐ On side e. ☐ Unknown

☐ 2. LACK OF ADEQUATE CARE
a. ☐ Malnutrition or dehydrated
b. ☐ Oral water intoxication
c. ☐ Delayed medical care
d. ☐ Unplanned out-of-hospital birth
e. ☐ Inadequate medical attention
f. ☐ Other: _____ g. ☐ Unknown

☐ 3. ILLNESS OR OTHER NATURAL CAUSE
a. ☐ Known condition: _____
b. ☐ Unknown

☐ 4. DROWNING
(If inflicted injury, complete this block and block 15)
1. Place of drowning?
a. ☐ Creek, river, pond or lake
b. ☐ Well, cistern, or septic tank
c. ☐ Bathtub d. ☐ Swimming pool
e. ☐ Bucket f. ☐ Wading pool
g. ☐ Other: _____ h. ☐ Unknown
2. Location prior to drowning?
a. ☐ Boat b. ☐ Water edge
c. ☐ Other d. ☐ Unknown
3. Wearing flotation device?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. ☐ Circumstances Unknown

☐ 5. VEHICULAR
(If inflicted injury, complete this block and block 15)
1. Position of Decedent?
a. ☐ Driver b. ☐ Pedestrian
c. ☐ Passenger d. ☐ Unknown
e. ☐ Other: _____
2. Type of vehicle?
a. ☐ Car b. ☐ Truck/RV
c. ☐ Motorcycle d. ☐ Riding Mower
e. ☐ Bicycle f. ☐ Farm Tractor
g. ☐ Other farm vehicle h. ☐ All-terrain vehicle
i. ☐ Other: _____ j. ☐ Unknown
3. Condition of Road?
a. ☐ Normal b. ☐ Loose Gravel
c. ☐ Wet d. ☐ Ice or Snow
e. ☐ Unknown f. ☐ Not Applicable
g. ☐ Other: _____
4. Safety belt or infant seat?
a. ☐ Present in vehicle, but not used
b. ☐ None in vehicle c. ☐ Restraint used
d. ☐ Unknown e. ☐ Not Applicable
5. Deceased was wearing helmet?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not Applicable
6. Vehicle in which decedent was occupant?
a. ☐ Operator driving intoxicated
b. ☐ Speed/Recklessness indicated:
(1) Actual speed: _____mph
(2) Speed limit: _____mph
c. ☐ Other violation by operator
d. ☐ No operator in vehicle e. ☐ Brake failure
f. ☐ Other mechanical failure g. ☐ Unknown
h. ☐ Other: _____ i. ☐ Not Applicable
7. Vehicle in which decedent was not occupant?
a. ☐ Operator driving intoxicated
b. ☐ Speed/Recklessness indicated:
(1) Actual speed: _____mph
(2) Speed limit: _____mph
c. ☐ Other violation by operator
d. ☐ No operator in vehicle
e. ☐ Brake failure f. ☐ Other mechanical failure
g. ☐ Other: _____ h. ☐ Unknown
i. ☐ Not Applicable
8. ☐ Circumstance Unknown

☐ 6. FIREARM
(If inflicted injury, complete this block and block 15)
1. Person handling the firearm was?
a. ☐ Decedent b. ☐ Other person
c. ☐ Unknown d. ☐ Not Applicable
2. The firearm involved is?
a. ☐ Handgun b. ☐ Rifle
c. ☐ Shotgun d. ☐ Other: _____
e. ☐ Unknown f. ☐ Not Applicable
3. Age of person handling firearm is:
a. ☐ _____ years b. ☐ Unknown
4. Use of firearm at time of injury?
a. ☐ Shooting at other person
b. ☐ Cleaning c. ☐ Target shooting
d. ☐ Loading e. ☐ Hunting
f. ☐ Playing g. ☐ Other: _____
h. ☐ Unknown i. ☐ Not Applicable
5. ☐ Circumstances Unknown

☐ 7. SUFFOCATION/STRANGULATION
(If inflicted injury, complete this block and block 15)
1. Circumstances of the event?
a. ☐ Other person overlying or rolling over decedent?
b. ☐ Caused by other person, not overlying or rolling over
c. ☐ Self-inflicted by decedent
d. ☐ Not inflicted by any person
e. ☐ Other _____ f. ☐ Unknown
2. Object impeding breath was?
a. ☐ Food b. ☐ Small object or toy in mouth
c. ☐ Other person's hand(s)
d. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
e. ☐ Object (e.g., rope) exerting pressure on victim's neck
f. ☐ Other _____ g. ☐ Unknown
3. Injury occurred in bed, crib, or other sleeping arrangement?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If in bed/crib, due to?
a. ☐ Hazardous design of crib/bed
b. ☐ Malfunction/improper use of crib
c. ☐ Placement on soft sleeping surface (waterbed)
d. ☐ Other _____
e. ☐ Unknown f. ☐ Not Applicable
5. Due to carbon monoxide inhalation?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. ☐ Circumstances Unknown

☐ 8. ELECTROCUTION
(If inflicted injury, complete this block and block 15)
1. Cause of electrocution?
a. ☐ Water contact b. ☐ Electrical wire
c. ☐ Electrical outlet d. ☐ Electrical appliance
e. ☐ Electrical tool f. ☐ Other: _____
g. ☐ Unknown h. ☐ Not Applicable
2. Electrical source defective?
a. ☐ Yes b. ☐ No c. ☐ Unknown
3. ☐ Circumstances Unknown

☐ 9. ALL INJURY
(If inflicted injury, complete this block and block 15)
1. Fall was from?
a. ☐ Open window b. ☐ Pedestrian
c. ☐ A natural elevation
d. ☐ Stairs, steps (in baby walker)
e. ☐ Stairs, steps (other)
f. ☐ Other: _____ g. ☐ Unknown
2. Height of fall?
a. ☐ Feet _____ b. ☐ Unknown
3. Landing surface composition/hardness?
a. ☐ Describe: _____
b. ☐ Unknown c. ☐ Not Applicable
4. ☐ Circumstances Unknown

☐ 10. POISONING/OVERDOSE
(If inflicted injury, complete this block and block 15)
1. Name of drug or chemical?
a. ☐ Name _____
b. ☐ Unknown c. ☐ Not Applicable
2. ☐ Circumstances Unknown

☐ 11. FIRE/BURN *(Non-Arson)*
1. If not-fire burn, its source?
a. ☐ Hot water, etc. b. ☐ Appliance
c. ☐ Other: _____
d. ☐ Unknown e. ☐ Not Applicable
2. If ignition/fire its source?
a. ☐ Overt/overt explosion
b. ☐ Cooking appliance used as heat source
c. ☐ Matches d. ☐ Lit Cigarette
e. ☐ Lighter f. ☐ Space heater
g. ☐ Furnace h. ☐ Explosives
i. ☐ Fireworks j. ☐ Electrical wire
k. ☐ Other: _____
l. ☐ Unknown m. ☐ Not Applicable
3. Smoke alarm present at fire scene?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If alarm present, did it sound?
a. ☐ Yes b. ☐ No
d. ☐ Unknown d. ☐ Not Applicable
5. Was the fire started by a person?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. If started by a person, his/her age?
a. ☐ Age _____ years
b. ☐ Unknown c. ☐ Not Applicable
7. If started by person, his/her activity
a. ☐ Playing b. ☐ Smoking
c. ☐ Cooking d. ☐ Other _____
e. ☐ Unknown f. ☐ Not Applicable
8. Type of construction of building burned:
a. ☐ Wood Frame b. ☐ Brick/Stone
c. ☐ Trailer d. ☐ Other
e. ☐ Unknown f. ☐ Not Applicable
9. ☐ Circumstances Unknown

☐ 12. CRUSH *(Non-vehicle)*
(If inflicted injury, complete this block and block 15)
1. Describe circumstances:
a. ☐ Describe: _____
b. ☐ Unknown
2. ☐ Circumstances Unknown

☐ 13. CONFINEMENT
(If inflicted injury, complete this block and block 15)
1. Place of confinement?
a. ☐ Refrigerator/Appliance c. ☐ Motor Vehicle
b. ☐ Chest, box, foot locker d. ☐ Room or building
e. ☐ Other: _____ f. ☐ Unknown
2. ☐ Circumstances Unknown

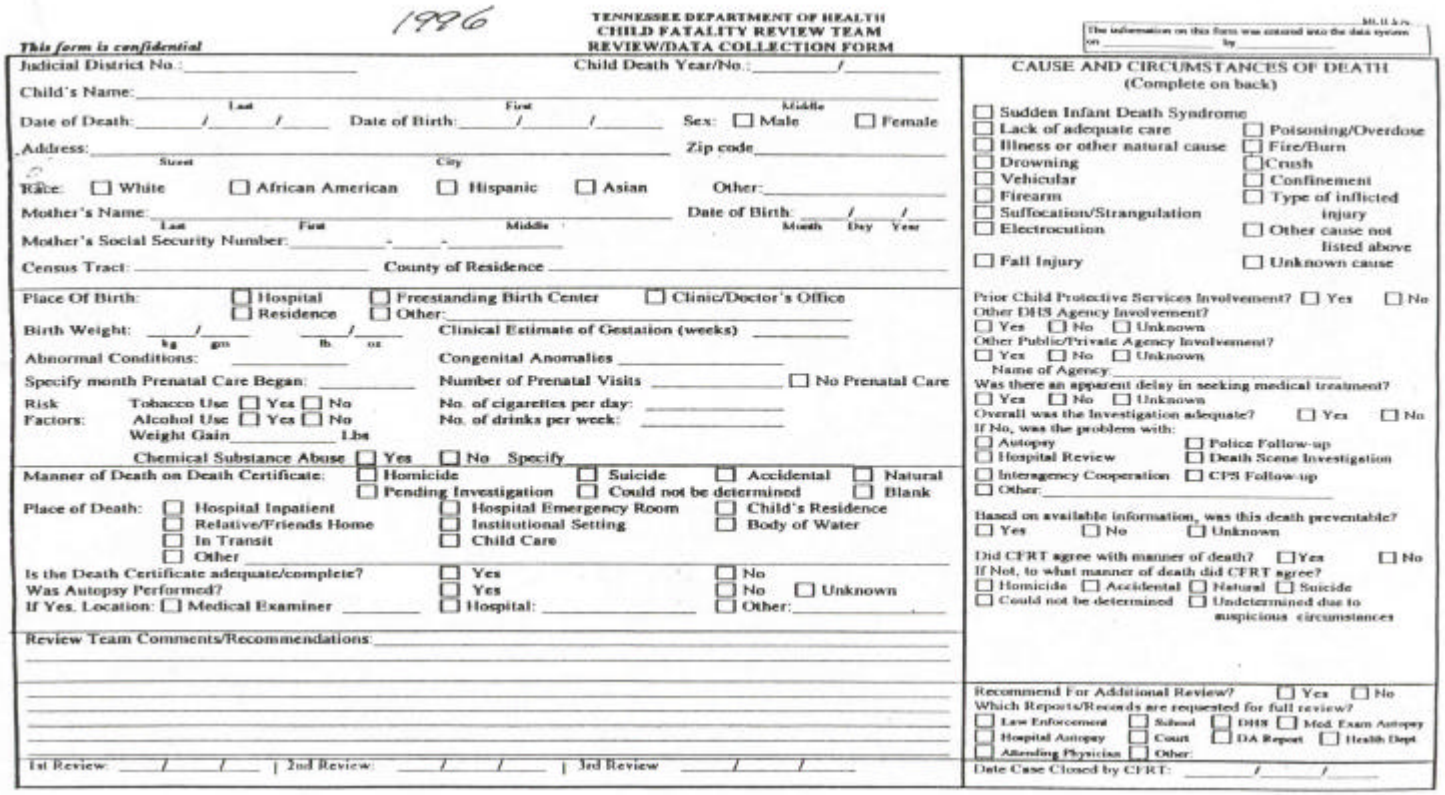
☐ 14. TYPE OF INFLICTED INJURY
1. Type of inflicted injury?
a. ☐ Shaken b. ☐ Struck
c. ☐ Cut/Stabbed d. ☐ Thrown
e. ☐ Sexual Assault f. ☐ Other: _____
g. ☐ Unknown
2. Injury inflicted with?
a. ☐ Sharp object (e.g., knife, scissors)
b. ☐ Blunt object (e.g., hammer, bat)
c. ☐ Hot liquid or other substance
d. ☐ Hands/Feet e. ☐ Fire/Arson
f. ☐ Other: _____ g. ☐ Unknown
3. ☐ Circumstances Unknown

☐ 15. PERSON INFLICTING INJURY
1. Who inflicted the injury?
a. ☐ Self-inflicted b. ☐ Parent
c. ☐ Relative: _____ d. ☐ Other _____
2. Age of person inflicting injury
a. ☐ _____ years b. ☐ Unknown
3. Sex of person inflicting injury
a. ☐ Male b. ☐ Female c. ☐ Unknown
4. Race of person inflicting injury
a. ☐ _____ *(Race/Ethnic code from Page 1)*

☐ 16. OTHER CAUSE NOT LISTED ABOVE _____

☐ 17. UNKNOWN CAUSE

Form 1SR



1996

TENNESSEE DEPARTMENT OF HEALTH
CHILD FATALITY REVIEW TEAM
REVIEW/DATA COLLECTION FORM

This form is confidential

The information on this form was entered into the data system on _____ by _____

Judicial District No.: _____ Child Death Year/No.: _____/_____

Child's Name: _____ (Last / First / Middle)

Date of Death: ____/____/____ Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Address: _____ (Street / City) Zip code _____

Race: ☐ White ☐ African American ☐ Hispanic ☐ Asian Other: _____

Mother's Name: _____ (Last / First / Middle) Date of Birth: ____/____/____ (Month / Day / Year)

Mother's Social Security Number: ___-___-___

Census Tract: _____ County of Residence _____

Place Of Birth: ☐ Hospital ☐ Freestanding Birth Center ☐ Clinic/Doctor's Office ☐ Residence ☐ Other: _____

Birth Weight: ____/____ (kg / gm) ____/____ (lb / oz) Clinical Estimate of Gestation (weeks) _____

Abnormal Conditions: _____ Congenital Anomalies _____

Specify month Prenatal Care Began: _____ Number of Prenatal Visits _____ ☐ No Prenatal Care

Risk Factors: Tobacco Use ☐ Yes ☐ No No. of cigarettes per day: _____

Alcohol Use ☐ Yes ☐ No No. of drinks per week: _____

Weight Gain _____ Lbs

Chemical Substance Abuse ☐ Yes ☐ No Specify _____

Manner of Death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ Hospital Emergency Room ☐ Child's Residence ☐ Relative/Friends Home ☐ Institutional Setting ☐ Body of Water ☐ In Transit ☐ Child Care ☐ Other _____

Is the Death Certificate adequate/complete? ☐ Yes ☐ No

Was Autopsy Performed? ☐ Yes ☐ No ☐ Unknown

If Yes, Location: ☐ Medical Examiner _____ ☐ Hospital: _____ ☐ Other: _____

Review Team Comments/Recommendations: _____

1st Review: ____/____/____ | 2nd Review: ____/____/____ | 3rd Review ____/____/____

CAUSE AND CIRCUMSTANCES OF DEATH
(Complete on back)

☐ Sudden Infant Death Syndrome
☐ Lack of adequate care
☐ Illness or other natural cause
☐ Drowning
☐ Vehicular
☐ Firearm
☐ Suffocation/Strangulation
☐ Electrocution
☐ Fall Injury
☐ Poisoning/Overdose
☐ Fire/Burn
☐ Crush
☐ Confinement
☐ Type of inflicted injury
☐ Other cause not listed above
☐ Unknown cause

Prior Child Protective Services Involvement? ☐ Yes ☐ No

Other DHS Agency Involvement? ☐ Yes ☐ No ☐ Unknown

Other Public/Private Agency Involvement? ☐ Yes ☐ No ☐ Unknown

Name of Agency: _____

Was there an apparent delay in seeking medical treatment? ☐ Yes ☐ No ☐ Unknown

Overall was the Investigation adequate? ☐ Yes ☐ No

If No, was the problem with:
☐ Autopsy ☐ Police Follow-up
☐ Hospital Review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other: _____

Based on available information, was this death preventable? ☐ Yes ☐ No ☐ Unknown

Did CFRT agree with manner of death? ☐ Yes ☐ No

If Not, to what manner of death did CFRT agree? ☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide ☐ Could not be determined ☐ Undetermined due to suspicious circumstances

Recommend For Additional Review? ☐ Yes ☐ No

Which Reports/Records are requested for full review?
☐ Law Enforcement ☐ School ☐ DHS ☐ Med. Exam Autopsy ☐ Hospital Autopsy ☐ Court ☐ DA Report ☐ Health Dept ☐ Attending Physician ☐ Other: _____

Date Case Closed by CFRT: ____/____/____

CAUSE AND CIRCUMSTANCES OF THE DEATH*

Complete blocks 1 -13 as applicable to indicate cause of death. If the death was due to inflicted injury also complete block 14 to describe person inflicting injury.

☐ 1. SUDDEN INFANT DEATH SYNDROME (SIDS)
1. Position of infant at discovery?
a. ☐ On stomach, face down
b. ☐ On stomach, face to side e. ☐ Unknown
c. ☐ On back d. ☐ On side f. ☐ Other

☐ 2. ADEQUATE CARE
1. Apparent lack of supervision? Yes ☐ No ☐
2. Apparent lack of medical care? Yes ☐ No ☐
3. If yes: ☐ a. Malnutrition or dehydration
☐ b. Oral water intoxication
☐ c. Delayed medical care
☐ d. Inadequate medical attention
☐ e. Out-of-hospital birth
☐ f. Other _____ g. ☐ Unknown

☐ 3. ILLNESS OR OTHER NATURAL CAUSE
Apparent illness or other condition?
a. ☐ Known condition _____
b. ☐ Unknown ☐ Prematurity

☐ 4. DROWNING
1. Place of drowning?
a. ☐ Creek, river, pond or lake
b. ☐ Well, cistern, or septic tank
c. ☐ Bathtub d. ☐ Swimming pool
e. ☐ Bucket f. ☐ Wading pool
g. ☐ Other:_____ h. ☐ Unknown
2. Location prior to drowning?
a. ☐ Boat b. ☐ Water ships
c. ☐ Other:_____ d. ☐ Unknown
3. Wearing flotation device?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. ☐ Circumstances Unknown

☐ 5. VEHICULAR
1. Position of Decedent?
a. ☐ Driver b. ☐ Pedestrian
c. ☐ Passenger d. ☐ Unknown
e. ☐ Other: _____
2. Type of vehicle?
a. ☐ Car b. ☐ Truck/RV
c. ☐ Motorcycle d. ☐ Riding Mower
e. ☐ Bicycle f. ☐ Farm Tractor
g. ☐ Other farm vehicle h. ☐ All-terrain vehicle
i. ☐ Other:_____ j. ☐ Unknown
3. Condition of Road?
a. ☐ Normal b. ☐ Loose Gravel
c. ☐ Wet d. ☐ Ice or Snow
e. ☐ Unknown f. ☐ Not Applicable
g. ☐ Other:_____
4. Safety belt or infant seat?
a. ☐ Present in vehicle, but not used
b. ☐ None in vehicle c. ☐ Restraint used
d. ☐ Unknown e. ☐ Not Applicable
5. Deceased was wearing helmet?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not Applicable
6. Vehicle in which decedent was occupant?
a. ☐ Operator driving impaired (alcohol/drug)
b. ☐ Speed/Reckl/aggress indicated:
(1) Approximate speed: _____ mph
(2) Speed limit: _____ mph
c. ☐ Other violation by operator
d. ☐ No operator in vehicle e. ☐ Brake failure
f. ☐ Other mechanical failure g. ☐ Unknown
h. ☐ Other:_____ i. ☐ Not Applicable
7. Vehicle in which decedent was not occupant?
a. ☐ Operator driving impaired (alcohol/drug)
b. ☐ Speed/Reckl/aggress indicated:
(1) Approximate speed: _____ mph
(2) Speed limit: _____ mph
c. ☐ Other violation by operator
d. ☐ No operator in vehicle
e. ☐ Brake failure f. ☐ Other mechanical failure
g. ☐ Other:_____ h. ☐ Unknown
i. ☐ Not Applicable
8. ☐ Circumstance Unknown

☐ 6. FIREARM
1. Person handling the firearm?
a. ☐ Decedent b. ☐ Other person
c. ☐ Unknown d. ☐ Not Applicable
2. The firearm involved?
a. ☐ Handgun b. ☐ Rifle
c. ☐ Shotgun d. ☐ Other:_____
e. ☐ Unknown f. ☐ Not Applicable
3. Age of person handling firearm:
a. ☐_____ years b. ☐ Unknown
4. Use of firearm at time of injury?
a. ☐ Shooting at other person
b. ☐ Cleaning c. ☐ Target shooting
d. ☐ Loading e. ☐ Hunting
f. ☐ Playing g. ☐ Other:_____
h. ☐ Unknown i. ☐ Not Applicable
5. ☐ Circumstances Unknown

☐ 7. SUFFOCATION/STRANGULATION
1. Circumstances of the event?
a. ☐ Other person overlying or rolling over decedent?
b. ☐ Caused by other person, not overlying or rolling over
c. ☐ Self-inflicted by decedent
d. ☐ Not inflicted by any person
e. ☐ Other _____ f. ☐ Unknown
2. Object impeding breath?
a. ☐ Food b. ☐ Small object or toy in mouth
c. ☐ Other person's hand(s)
d. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
e. ☐ Object (e.g., rope) exerting pressure on victim's neck
f. ☐ Other_____ g. ☐ Unknown
3. Injury occurred in bed, crib, or other sleeping arrangement?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If in bed/crib, due to?
a. ☐ Hazardous design of crib/bed
b. ☐ Malfunction/improper use of crib/bed
c. ☐ Placement on soft sleeping surface (e.g. waterbed)
d. ☐ Other _____
e. ☐ Unknown f. ☐ Not Applicable
5. Due to carbon monoxide inhalation?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. ☐ Circumstances Unknown

☐ 8. ELECTROCUTION
1. Cause of electrocution?
a. ☐ Water contact b. ☐ Electrical wire
c. ☐ Electrical outlet d. ☐ Electrical appliance
e. ☐ Electrical tool f. ☐ Other:_____
g. ☐ Unknown h. ☐ Not Applicable
2. Electrical source defective?
a. ☐ Yes b. ☐ No c. ☐ Unknown

☐ 9. FALL INJURY
1. Fall was from?
a. ☐ Open window
b. ☐ Pedestrian
c. ☐ A natural elevation
d. ☐ Stairs, steps (in baby walker)
e. ☐ Stairs, steps (other) g. ☐ Unknown
f. ☐ Other:_____ h. ☐ Furniture
2. Height of fall?
a. ☐ Feet _____ b. ☐ Unknown
3. Landing surface composition/hardness?
a. ☐ Description _____
b. ☐ Unknown c. ☐ Not Applicable
4. ☐ Circumstances Unknown

☐ 10. POISONING/OVERDOSE
1. Name of drug or chemical?
a. ☐ Name _____
b. ☐ Unknown c. ☐ Not Applicable
2. ☐ Circumstance Unknown

☐ 11. FIRE/BURN (Non-Arson)
1. If not-fire burn, its source?
a. ☐ Hot water, etc. b. ☐ Appliance
c. ☐ Other:_____
d. ☐ Unknown e. ☐ Not Applicable
2. If ignition/fire its source?
a. ☐ Oven/stove explosion
b. ☐ Cooking appliance used as heat source
c. ☐ Matches d. ☐ Lit Cigarette
e. ☐ Lighter f. ☐ Space heater
g. ☐ Furnace h. ☐ Explosives
i. ☐ Fireworks j. ☐ Electrical wire
k. ☐ Other:_____
l. ☐ Unknown m. ☐ Not Applicable
3. Smoke alarm present at fire scene?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If alarm present, did it sound?
a. ☐ Yes b. ☐ No
d. ☐ Unknown d. ☐ Not Applicable
5. Was the fire started by a person?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. If started by a person, his/her age?
a. ☐ Age _____ years
b. ☐ Unknown c. ☐ Not Applicable
7. If started by person, his/her activity
a. ☐ Playing b. ☐ Smoking
c. ☐ Cooking d. ☐ Other_____
e. ☐ Unknown f. ☐ Not Applicable
g. ☐ Suspected arson
8. Type of construction of building burned:
a. ☐ Wood Frame b. ☐ Brick/Stone
c. ☐ Trailer d. ☐ Other
e. ☐ Unknown f. ☐ Not Applicable
9. ☐ Circumstances Unknown

☐ 12. CRUSH (Non-vehicle)
Describe circumstances:
a. ☐ Description _____
b. ☐ Unknown

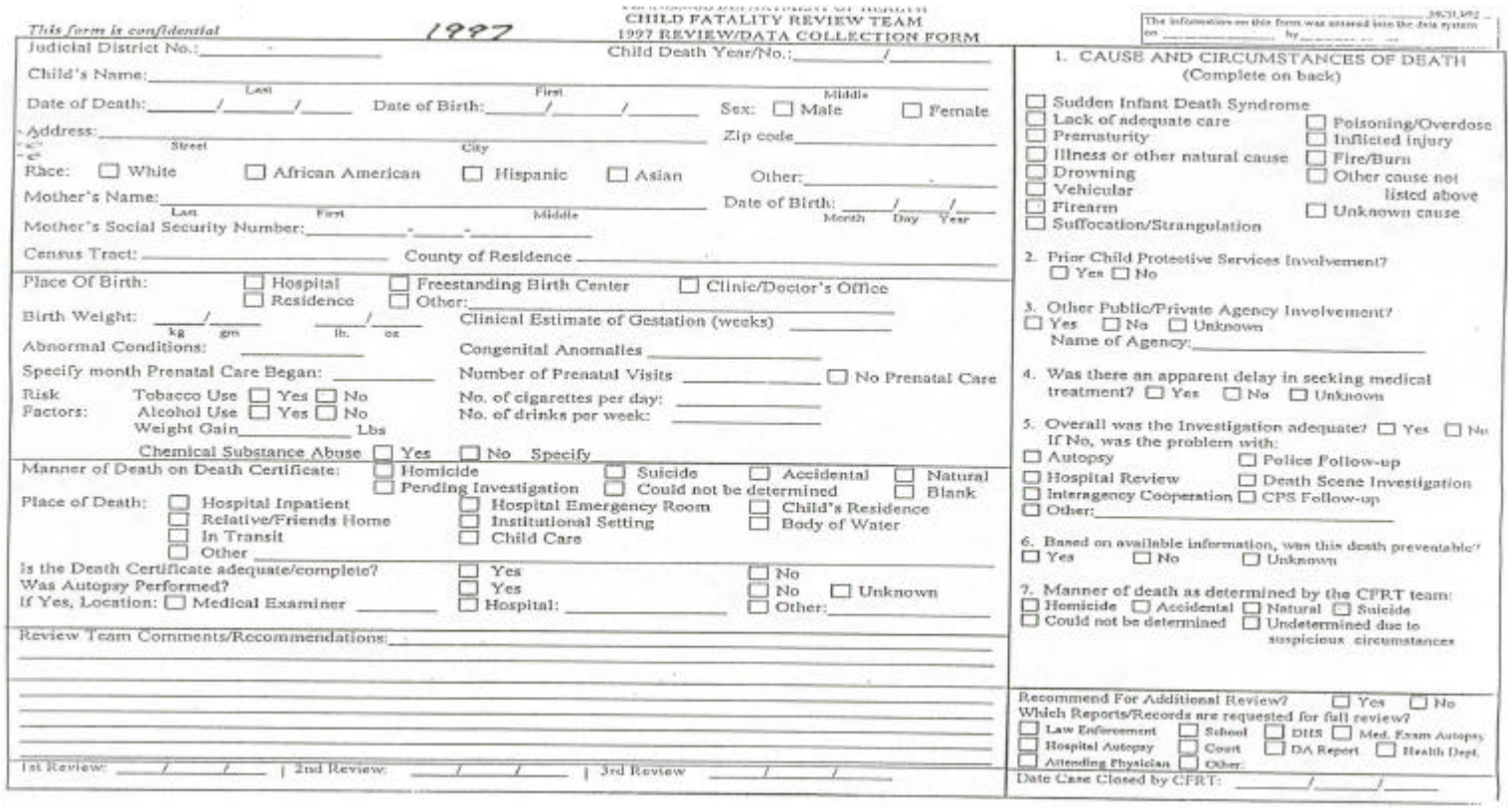
☐ 13. CONFINEMENT
Place of confinement?
a. ☐ Refrigerator/Appliance c. ☐ Motor Vehicle
b. ☐ Chest, box, foot locker d. ☐ Room or building
e. ☐ Other:_____ f. ☐ Unknown

☐ 14. INJURY
1. Was the injury inflicted? Yes ☐ No ☐
If yes, consider and answer the following:
2. Who inflicted the injury?
a. ☐ Self-inflicted b. ☐ Parent
c. ☐ Relative:_____ d. ☐ Other_____
3. Person inflicting injury
a. Age_____ ☐ Unknown
b. Sex ☐ Male ☐ Female
c. Race ☐ White ☐ Black/African American
☐ Other_____ ☐ Unknown
4. Manner in which injury was inflicted?
a. ☐ Shaken b. ☐ Struck
c. ☐ Cut/Stabbed d. ☐ Thrown
e. ☐ Sexual Assault g. ☐ Unknown
f. ☐ Other:_____
5. Injury inflicted with?
a. ☐ Sharp object (e.g., knife, scissors)
b. ☐ Blunt object (e.g., hammer, bat)
c. ☐ Hot liquid or other substance
d. ☐ Hands/Feet e. ☐ Fire
f. ☐ Other:_____ g. ☐ Unknown
6. ☐ Circumstances Unknown

☐ 15. OTHER CAUSE NOT LISTED ABOVE

Form 3308 *Source: D. Ewigman, Maternal, Death Review Team Reporting Form, 1991

1996



This form is confidential 1997

CHILD FATALITY REVIEW TEAM
1997 REVIEW/DATA COLLECTION FORM

The information on this form was entered into the data system on _____ by _____

Judicial District No.: _____ Child Death Year/No.: _____/_____

Child's Name: _____ (Last / First / Middle)

Date of Death: ___/___/___ Date of Birth: ___/___/___ Sex: ☐ Male ☐ Female

Address: _____ (Street / City) Zip code _____

Race: ☐ White ☐ African American ☐ Hispanic ☐ Asian Other: _____

Mother's Name: _____ (Last / First / Middle) Date of Birth: ___/___/___ (Month / Day / Year)

Mother's Social Security Number: ___-___-___

Census Tract: _____ County of Residence _____

Place Of Birth: ☐ Hospital ☐ Freestanding Birth Center ☐ Clinic/Doctor's Office ☐ Residence ☐ Other: _____

Birth Weight: ___/___ kg gm ___/___ lb. oz Clinical Estimate of Gestation (weeks) _____

Abnormal Conditions: _____ Congenital Anomalies _____

Specify month Prenatal Care Began: _____ Number of Prenatal Visits _____ ☐ No Prenatal Care

Risk Factors: Tobacco Use ☐ Yes ☐ No No. of cigarettes per day: _____
Alcohol Use ☐ Yes ☐ No No. of drinks per week: _____
Weight Gain _____ Lbs
Chemical Substance Abuse ☐ Yes ☐ No Specify _____

Manner of Death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ Hospital Emergency Room ☐ Child's Residence ☐ Relative/Friends Home ☐ Institutional Setting ☐ Body of Water ☐ In Transit ☐ Child Care ☐ Other _____

Is the Death Certificate adequate/complete? ☐ Yes ☐ No
Was Autopsy Performed? ☐ Yes ☐ No ☐ Unknown
If Yes, Location: ☐ Medical Examiner _____ ☐ Hospital: _____ ☐ Other: _____

Review Team Comments/Recommendations: _____

1st Review: ___/___/___ | 2nd Review: ___/___/___ | 3rd Review ___/___/___

1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back)

☐ Sudden Infant Death Syndrome
☐ Lack of adequate care
☐ Prematurity
☐ Illness or other natural cause
☐ Drowning
☐ Vehicular
☐ Firearm
☐ Suffocation/Strangulation
☐ Poisoning/Overdose
☐ Inflicted injury
☐ Fire/Burn
☐ Other cause not listed above
☐ Unknown cause

2. Prior Child Protective Services Involvement? ☐ Yes ☐ No

3. Other Public/Private Agency Involvement? ☐ Yes ☐ No ☐ Unknown
Name of Agency: _____

4. Was there an apparent delay in seeking medical treatment? ☐ Yes ☐ No ☐ Unknown

5. Overall was the Investigation adequate? ☐ Yes ☐ No
If No, was the problem with:
☐ Autopsy ☐ Police Follow-up
☐ Hospital Review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other: _____

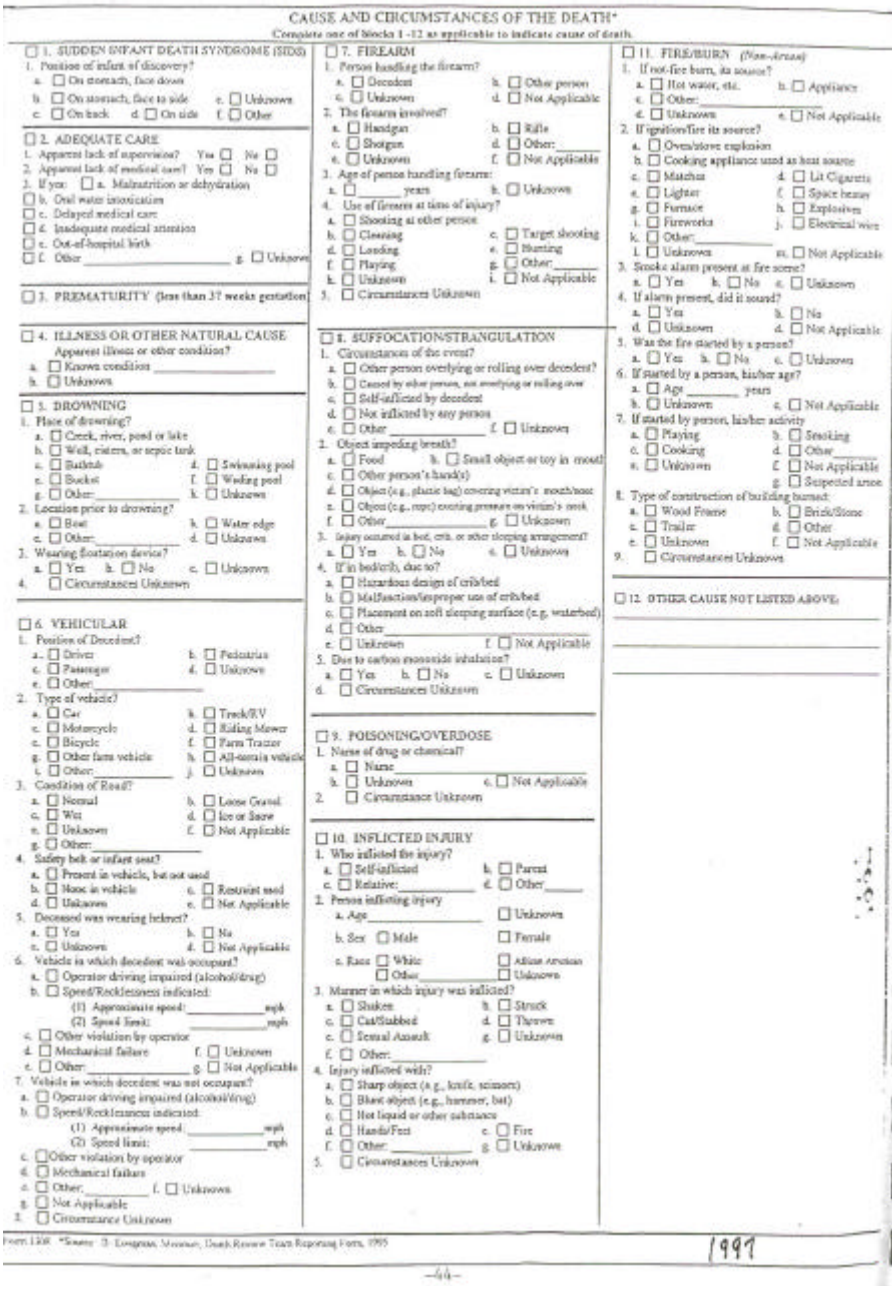
6. Based on available information, was this death preventable? ☐ Yes ☐ No ☐ Unknown

7. Manner of death as determined by the CFRT team:
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined ☐ Undetermined due to suspicious circumstances

Recommend For Additional Review? ☐ Yes ☐ No
Which Reports/Records are requested for full review?
☐ Law Enforcement ☐ School ☐ DHS ☐ Med. Exam Autopsy
☐ Hospital Autopsy ☐ Court ☐ DA Report ☐ Health Dept.
☐ Attending Physician ☐ Other:

Date Case Closed by CFRT: ___/___/___

Appendix 2g



CAUSE AND CIRCUMSTANCES OF THE DEATH*

Complete one of blocks 1 -12 as applicable to indicate cause of death.

☐ 1. SUDDEN INFANT DEATH SYNDROME (SIDS)
1. Position of infant at discovery?
a. ☐ On stomach, face down
b. ☐ On stomach, face to side c. ☐ Unknown
c. ☐ On back d. ☐ On side f. ☐ Other

☐ 2. ADEQUATE CARE
1. Apparent lack of supervision? Yes ☐ No ☐
2. Apparent lack of medical care? Yes ☐ No ☐
3. If yes: ☐ a. Malnutrition or dehydration
☐ b. Oral water intoxication
☐ c. Delayed medical care
☐ d. Inadequate medical attention
☐ e. Out-of-hospital birth
☐ f. Other _____ g. ☐ Unknown

☐ 3. PREMATURITY (less than 37 weeks gestation)

☐ 4. ILLNESS OR OTHER NATURAL CAUSE
Apparent illness or other condition?
a. ☐ Known condition _____
b. ☐ Unknown

☐ 5. DROWNING
1. Place of drowning?
a. ☐ Creek, river, pond or lake
b. ☐ Well, cistern, or septic tank
c. ☐ Bathtub d. ☐ Swimming pool
e. ☐ Bucket f. ☐ Wading pool
g. ☐ Other: _____ h. ☐ Unknown
2. Location prior to drowning?
a. ☐ Boat b. ☐ Water edge
c. ☐ Other: _____ d. ☐ Unknown
3. Wearing flotation device?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. ☐ Circumstances Unknown

☐ 6. VEHICULAR
1. Position of Decedent?
a. ☐ Driver b. ☐ Pedestrian
c. ☐ Passenger d. ☐ Unknown
e. ☐ Other: _____
2. Type of vehicle?
a. ☐ Car b. ☐ Truck/RV
c. ☐ Motorcycle d. ☐ Riding Mower
e. ☐ Bicycle f. ☐ Farm Tractor
g. ☐ Other farm vehicle h. ☐ All-terrain vehicle
i. ☐ Other: _____ j. ☐ Unknown
3. Condition of Road?
a. ☐ Normal b. ☐ Loose Gravel
c. ☐ Wet d. ☐ Ice or Snow
e. ☐ Unknown f. ☐ Not Applicable
g. ☐ Other: _____
4. Safety belt or infant seat?
a. ☐ Present in vehicle, but not used
b. ☐ None in vehicle c. ☐ Restraint used
d. ☐ Unknown e. ☐ Not Applicable
5. Deceased was wearing helmet?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not Applicable
6. Vehicle in which decedent was occupant?
a. ☐ Operator driving impaired (alcohol/drug)
b. ☐ Speed/Recklessness indicated:
(1) Approximate speed: _____ mph
(2) Speed limit: _____ mph
c. ☐ Other violation by operator
d. ☐ Mechanical failure f. ☐ Unknown
e. ☐ Other: _____ g. ☐ Not Applicable
7. Vehicle in which decedent was not occupant?
a. ☐ Operator driving impaired (alcohol/drug)
b. ☐ Speed/Recklessness indicated:
(1) Approximate speed: _____ mph
(2) Speed limit: _____ mph
c. ☐ Other violation by operator
d. ☐ Mechanical failure
e. ☐ Other: _____ f. ☐ Unknown
g. ☐ Not Applicable
8. ☐ Circumstance Unknown

☐ 7. FIREARM
1. Person handling the firearm?
a. ☐ Decedent b. ☐ Other person
c. ☐ Unknown d. ☐ Not Applicable
2. The firearm involved?
a. ☐ Handgun b. ☐ Rifle
c. ☐ Shotgun d. ☐ Other: _____
e. ☐ Unknown f. ☐ Not Applicable
3. Age of person handling firearm:
a. ☐ _____ years b. ☐ Unknown
4. Use of firearm at time of injury?
a. ☐ Shooting at other person
b. ☐ Cleaning c. ☐ Target shooting
d. ☐ Loading e. ☐ Hunting
f. ☐ Playing g. ☐ Other: _____
h. ☐ Unknown i. ☐ Not Applicable
5. ☐ Circumstances Unknown

☐ 8. SUFFOCATION/STRANGULATION
1. Circumstances of the event?
a. ☐ Other person overlying or rolling over decedent
b. ☐ Caused by other person, not overlying or rolling over
c. ☐ Self-inflicted by decedent
d. ☐ Not inflicted by any person
e. ☐ Other _____ f. ☐ Unknown
2. Object impeding breath?
a. ☐ Food b. ☐ Small object or toy in mouth
c. ☐ Other person's hand(s)
d. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
e. ☐ Object (e.g., rope) exerting pressure on victim's neck
f. ☐ Other _____ g. ☐ Unknown
3. Injury occurred in bed, crib, or other sleeping arrangement?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If in bed/crib, due to?
a. ☐ Hazardous design of crib/bed
b. ☐ Malfunction/improper use of crib/bed
c. ☐ Placement on soft sleeping surface (e.g. waterbed)
d. ☐ Other _____
e. ☐ Unknown f. ☐ Not Applicable
5. Due to carbon monoxide inhalation?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. ☐ Circumstances Unknown

☐ 9. POISONING/OVERDOSE
1. Name of drug or chemical?
a. ☐ Name _____
b. ☐ Unknown c. ☐ Not Applicable
2. ☐ Circumstance Unknown

☐ 10. INFLICTED INJURY
1. Who inflicted the injury?
a. ☐ Self-inflicted b. ☐ Parent
c. ☐ Relative: _____ d. ☐ Other: _____
2. Person inflicting injury
a. Age _____ ☐ Unknown
b. Sex ☐ Male ☐ Female
c. Race ☐ White ☐ Africa American
☐ Other _____ ☐ Unknown
3. Manner in which injury was inflicted?
a. ☐ Shaken b. ☐ Struck
c. ☐ Cut/Stabbed d. ☐ Thrown
e. ☐ Sexual Assault g. ☐ Unknown
f. ☐ Other: _____
4. Injury inflicted with?
a. ☐ Sharp object (e.g., knife, scissors)
b. ☐ Blunt object (e.g., hammer, bat)
c. ☐ Hot liquid or other substance
d. ☐ Hands/Feet e. ☐ Fire
f. ☐ Other: _____ g. ☐ Unknown
5. ☐ Circumstances Unknown

☐ 11. FIRE/BURN (Non-Arson)
1. If not fire burn, its source?
a. ☐ Hot water, etc. b. ☐ Appliance
c. ☐ Other: _____
d. ☐ Unknown e. ☐ Not Applicable
2. If ignition/fire its source?
a. ☐ Oven/stove explosion
b. ☐ Cooking appliance used as heat source
c. ☐ Matches d. ☐ Lit Cigarette
e. ☐ Lighter f. ☐ Space heater
g. ☐ Furnace h. ☐ Explosives
i. ☐ Fireworks j. ☐ Electrical wire
k. ☐ Other: _____
l. ☐ Unknown m. ☐ Not Applicable
3. Smoke alarm present at fire scene?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If alarm present, did it sound?
a. ☐ Yes b. ☐ No
d. ☐ Unknown d. ☐ Not Applicable
5. Was the fire started by a person?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. If started by a person, his/her age?
a. ☐ Age _____ years
b. ☐ Unknown c. ☐ Not Applicable
7. If started by person, his/her activity
a. ☐ Playing b. ☐ Smoking
c. ☐ Cooking d. ☐ Other _____
e. ☐ Unknown f. ☐ Not Applicable
g. ☐ Suspected arson
8. Type of construction of building burned:
a. ☐ Wood Frame b. ☐ Brick/Stone
c. ☐ Trailer d. ☐ Other
e. ☐ Unknown f. ☐ Not Applicable
9. ☐ Circumstances Unknown

☐ 12. OTHER CAUSE NOT LISTED ABOVE:
_____
_____
_____

Form 1208 *Source: D. Lovejoy, Memphis, Death Review Team Reporting Form, 1995

1997

This form is confidential

1998

TENNESSEE DEPARTMENT OF HEALTH
CHILD FATALITY REVIEW TEAM
1998 REVIEW/DATA COLLECTION FORM

MCH 2/98

The information on this form was entered into the data system on ____ by ____

Judicial District No.: ____ Child Death Year/No.: ____/____/____/____/____/____

Child's Name: ____ (Last) ____ (First) ____ (Middle)

Date of Death: ____/____/____ Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Address: ____ (Street) ____ (City) Zip Code: ____

Race: ☐ White ☐ African American ☐ Hispanic ☐ Asian Other: ____

Mother's Name: ____ (Last) ____ (Maiden) ____ (First) ____ (Middle)

Mother's Social Security Number: ____-____-____ Date of Birth: ____/____/____ (Month Day Year)

Census Tract: ____ County of Residence ____

Birth Weight: ____/____ (kg gm) ____/____ (lb oz) Clinical Estimate of Gestation (weeks): ____

Abnormal Conditions: ____ Congenital Anomalies: ____

Prenatal Care Questions:

Specify Month Prenatal Care Began ____ ☐ No Prenatal Care ☐ Unknown

Number of Prenatal Visits ____ ☐ No Visits ☐ Unknown

Risk Factors: Tobacco Use ☐ Yes ☐ No No. of cigarettes per day ____

Alcohol Use ☐ Yes ☐ No No. of drinks per week ____

Chemical Substance Abuse ☐ Yes ☐ No Specify ____

Is the Birth Certificate Information correct/complete? ☐ Yes ☐ No

Death Certificate Number ____

Manner of death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ At Scene of Incident ☐ Hospital Emergency Room ☐ Child's Residence ☐ In Transit ☐ Relative's/Friend's Home ☐ Institutional Setting ☐ Child Care

Is the Death Certificate adequate/complete? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No ☐ Unknown

If Yes, Location: ☐ Medical Examiner ____ ☐ Hospital ____ ☐ Other ____

Review team comments/recommendations and prevention issues:

1st Review: ____/____/____ | 2nd Review: ____/____/____ | 3rd Review: ____/____/____

1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back)

☐ Sudden Infant Death Syndrome ☐ Suffocation/strangulation
☐ Lack of adequate care ☐ Poisoning/overdose
☐ Prematurity ☐ Inflicted Injury
☐ Illness or other natural cause ☐ Fire/burn
☐ Drowning ☐ Other cause not listed above
☐ Firearm
☐ Vehicular ☐ Unknown cause

2. Prior Child Protective Services Involvement? ☐ Yes ☐ No

3. Other Public/Private Agency Involvement?
☐ Yes ☐ No ☐ Unknown
Name of Agency:
Health Department: ☐ Immunizations ☐ CSS ☐ WIC ☐ HV Program ☐ Other
DHS: ☐ FF ☐ Food Stamps ☐ Other ☐ Counseling/Mental Health ☐ Police/Sheriff ☐ TennCare ☐ Juvenile Court ☐ Other: ____

4. Was there an apparent delay in seeking medical treatment?
☐ Yes ☐ No ☐ Unknown

5. Suspected Child Abuse/Neglect Fatality?
☐ Yes ☐ No ☐ Unknown

6. Overall was the Investigation adequate? ☐ Yes ☐ No
If no, was the problem with:
☐ Autopsy ☐ Police Follow-up
☐ Hospital review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other ____

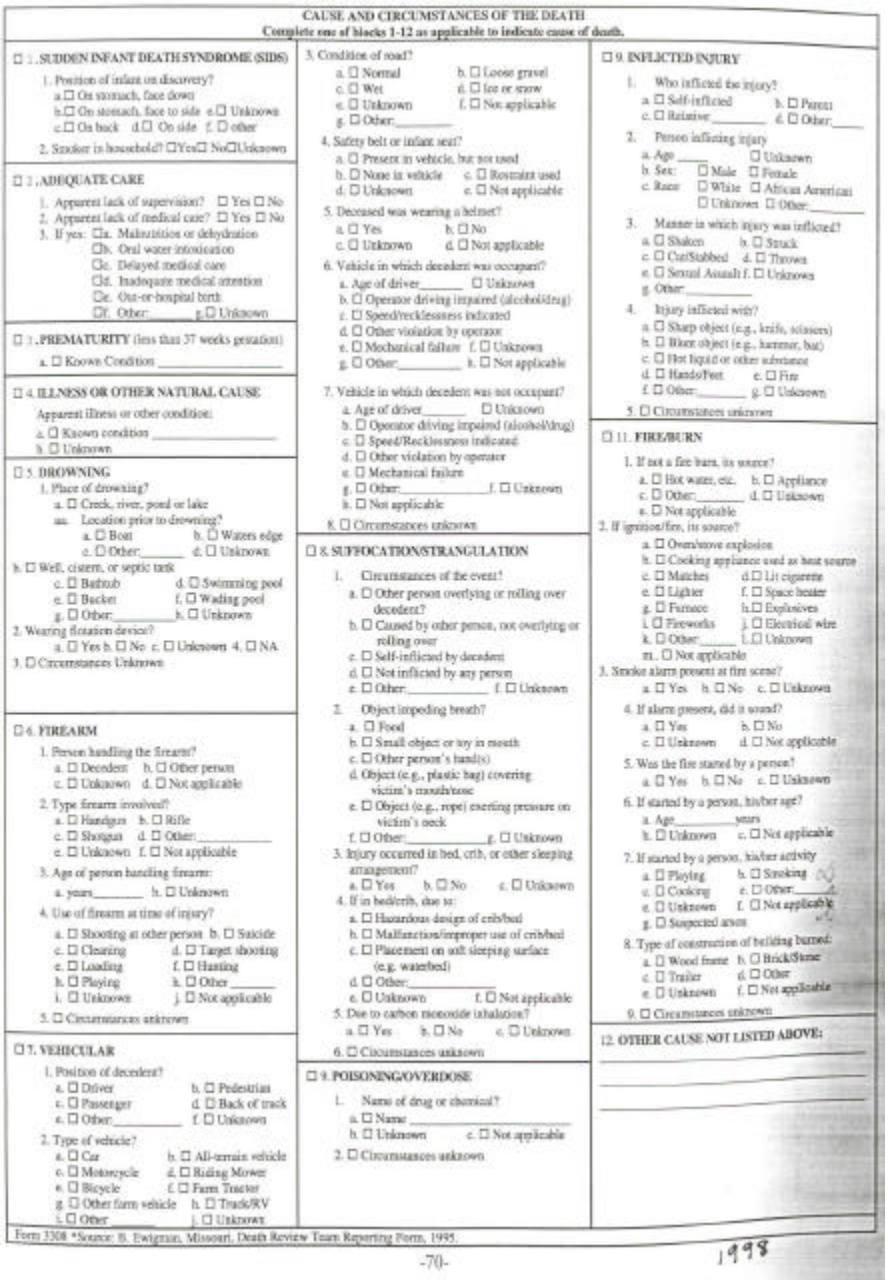
7. Based on available information, was this death preventable?
☐ Yes ☐ No ☐ Unknown

8. Manner of death as determined by the CFRT team:
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined ☐ Undetermined due to suspicious circumstances

Recommended for additional review? ☐ Yes ☐ No

Which Reports/Records are requested for full review?
☐ Law Enforcement ☐ School ☐ DHS ☐ Med Exam Autopsy
☐ Hospital Autopsy ☐ Court ☐ DA Report ☐ Health Dept.
☐ Attending Physician ☐ Other: ____

Date Case Closed by CFRT: ____/____/____



CAUSE AND CIRCUMSTANCES OF THE DEATH
Complete one of blocks 1-12 as applicable to indicate cause of death.

☐ 1. **SUDDEN INFANT DEATH SYNDROME (SIDS)**
1. Position of infant on discovery?
a. ☐ On stomach, face down
b. ☐ On stomach, face to side e. ☐ Unknown
c. ☐ On back d. ☐ On side f. ☐ other
2. Smoker in household? ☐ Yes ☐ No ☐ Unknown

☐ 2. **ADEQUATE CARE**
1. Apparent lack of supervision? ☐ Yes ☐ No
2. Apparent lack of medical care? ☐ Yes ☐ No
3. If yes: ☐ a. Malnutrition or dehydration
☐ b. Oral water intoxication
☐ c. Delayed medical care
☐ d. Inadequate medical attention
☐ e. Out-or-hospital birth
☐ f. Other:_____ g. ☐ Unknown

☐ 3. **PREMATURITY** (less than 37 weeks gestation)
a. ☐ Known Condition _____

☐ 4. **ILLNESS OR OTHER NATURAL CAUSE**
Apparent illness or other condition:
a. ☐ Known condition _____
b. ☐ Unknown

☐ 5. **DROWNING**
1. Place of drowning?
a. ☐ Creek, river, pond or lake
aa. Location prior to drowning?
a. ☐ Boat b. ☐ Waters edge
c. ☐ Other:_____ d. ☐ Unknown
b. ☐ Well, cistern, or septic tank
c. ☐ Bathtub d. ☐ Swimming pool
e. ☐ Bucket f. ☐ Wading pool
g. ☐ Other:_____ h. ☐ Unknown
2. Wearing flotation device?
a. ☐ Yes b. ☐ No c. ☐ Unknown 4. ☐ NA
3. ☐ Circumstances Unknown

☐ 6. **FIREARM**
1. Person handling the firearm?
a. ☐ Decedent b. ☐ Other person
c. ☐ Unknown d. ☐ Not applicable
2. Type firearm involved?
a. ☐ Handgun b. ☐ Rifle
c. ☐ Shotgun d. ☐ Other:_____
e. ☐ Unknown f. ☐ Not applicable
3. Age of person handling firearm:
a. years_____ b. ☐ Unknown
4. Use of firearm at time of injury?
a. ☐ Shooting at other person b. ☐ Suicide
c. ☐ Cleaning d. ☐ Target shooting
e. ☐ Loading f. ☐ Hunting
h. ☐ Playing h. ☐ Other _____
i. ☐ Unknown j. ☐ Not applicable
5. ☐ Circumstances unknown

☐ 7. **VEHICULAR**
1. Position of decedent?
a. ☐ Driver b. ☐ Pedestrian
c. ☐ Passenger d. ☐ Back of truck
e. ☐ Other:_____ f. ☐ Unknown
2. Type of vehicle?
a. ☐ Car b. ☐ All-terrain vehicle
c. ☐ Motorcycle d. ☐ Riding Mower
e. ☐ Bicycle f. ☐ Farm Tractor
g. ☐ Other farm vehicle h. ☐ Truck/RV
i. ☐ Other _____ j. ☐ Unknown
3. Condition of road?
a. ☐ Normal b. ☐ Loose gravel
c. ☐ Wet d. ☐ Ice or snow
e. ☐ Unknown f. ☐ Not applicable
g. ☐ Other:_____
4. Safety belt or infant seat?
a. ☐ Present in vehicle, but not used
b. ☐ None in vehicle c. ☐ Restraint used
d. ☐ Unknown e. ☐ Not applicable
5. Deceased was wearing a helmet?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not applicable
6. Vehicle in which decedent was occupant?
a. Age of driver_____ ☐ Unknown
b. ☐ Operator driving impaired (alcohol/drug)
c. ☐ Speed/recklessness indicated
d. ☐ Other violation by operator
e. ☐ Mechanical failure f. ☐ Unknown
g. ☐ Other:_____ h. ☐ Not applicable
7. Vehicle in which decedent was not occupant?
a. Age of driver_____ ☐ Unknown
b. ☐ Operator driving impaired (alcohol/drug)
c. ☐ Speed/Recklessness indicated
d. ☐ Other violation by operator
e. ☐ Mechanical failure
g. ☐ Other:_____ f. ☐ Unknown
h. ☐ Not applicable
8. ☐ Circumstances unknown

☐ 8. **SUFFOCATION/STRANGULATION**
1. Circumstances of the event?
a. ☐ Other person overlying or rolling over decedent?
b. ☐ Caused by other person, not overlying or rolling over
c. ☐ Self-inflicted by decedent
d. ☐ Not inflicted by any person
e. ☐ Other:_____ f. ☐ Unknown
2. Object impeding breath?
a. ☐ Food
b. ☐ Small object or toy in mouth
c. ☐ Other person's hand(s)
d. Object (e.g., plastic bag) covering victim's mouth/nose
e. ☐ Object (e.g., rope) exerting pressure on victim's neck
f. ☐ Other:_____ g. ☐ Unknown
3. Injury occurred in bed, crib, or other sleeping arrangement?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If in bed/crib, due to:
a. ☐ Hazardous design of crib/bed
b. ☐ Malfunction/improper use of crib/bed
c. ☐ Placement on soft sleeping surface (e.g. waterbed)
d. ☐ Other:_____
e. ☐ Unknown f. ☐ Not applicable
5. Due to carbon monoxide inhalation?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. ☐ Circumstances unknown

☐ 9. **POISONING/OVERDOSE**
1. Name of drug or chemical?
a. ☐ Name _____
b. ☐ Unknown c. ☐ Not applicable
2. ☐ Circumstances unknown

☐ 9. **INFLICTED INJURY**
1. Who inflicted the injury?
a. ☐ Self-inflicted b. ☐ Parent
c. ☐ Relative:_____ d. ☐ Other:_____
2. Person inflicting injury
a. Age _____ ☐ Unknown
b. Sex: ☐ Male ☐ Female
c. Race ☐ White ☐ African American
☐ Unknown ☐ Other:_____
3. Manner in which injury was inflicted?
a. ☐ Shaken b. ☐ Struck
c. ☐ Cut/Stabbed d. ☐ Thrown
e. ☐ Sexual Assault f. ☐ Unknown
g. Other:_____
4. Injury inflicted with?
a. ☐ Sharp object (e.g., knife, scissors)
b. ☐ Blunt object (e.g., hammer, bat)
c. ☐ Hot liquid or other substance
d. ☐ Hands/Feet e. ☐ Fire
f. ☐ Other:_____ g. ☐ Unknown
5. ☐ Circumstances unknown

☐ 11. **FIRE/BURN**
1. If not a fire burn, its source?
a. ☐ Hot water, etc. b. ☐ Appliance
c. ☐ Other:_____ d. ☐ Unknown
e. ☐ Not applicable
2. If ignition/fire, its source?
a. ☐ Oven/stove explosion
b. ☐ Cooking appliance used as heat source
c. ☐ Matches d. ☐ Lit cigarette
e. ☐ Lighter f. ☐ Space heater
g. ☐ Furnace h. ☐ Explosives
i. ☐ Fireworks j. ☐ Electrical wire
k. ☐ Other:_____ l. ☐ Unknown
m. ☐ Not applicable
3. Smoke alarm present at fire scene?
a. ☐ Yes b. ☐ No c. ☐ Unknown
4. If alarm present, did it sound?
a. ☐ Yes b. ☐ No
c. ☐ Unknown d. ☐ Not applicable
5. Was the fire started by a person?
a. ☐ Yes b. ☐ No c. ☐ Unknown
6. If started by a person, his/her age?
a. Age_____ years
b. ☐ Unknown c. ☐ Not applicable
7. If started by a person, his/her activity
a. ☐ Playing b. ☐ Smoking
c. ☐ Cooking e. ☐ Other:_____
e. ☐ Unknown f. ☐ Not applicable
g. ☐ Suspected arson
8. Type of construction of building burned:
a. ☐ Wood frame b. ☐ Brick/Stone
c. ☐ Trailer d. ☐ Other
e. ☐ Unknown f. ☐ Not applicable
9. ☐ Circumstances unknown

12. **OTHER CAUSE NOT LISTED ABOVE:**
_____
_____
_____

Form 3308 *Source: B. Ewigman, Missouri, Death Review Team Reporting Form, 1995.

1998

TENNESSEE DEPARTMENT OF HEALTH
CHILD FATALITY REVIEW TEAM
1999 REVIEW/DATA COLLECTION FORM

MCH 2/99

This form is confidential

The information on this form was entered into the data system on _____ by _____

Judicial District No.: _____ Child Death Year/No.: ___/___/___ - ___/___/___

Child's Name: _____ (Last) (First) (Middle)

Date of Death: ___/___/___ Date of Birth: ___/___/___ Sex: ☐ Male ☐ Female

Address: _____ (Street) (City) Zip Code: _____

Race: ☐ White ☐ African American ☐ Hispanic ☐ Asian Other: _____

Mother's Name: _____ (Last) (Maiden) (First) (Middle)

Mother's Social Security Number: ___-___-___ Date of Birth: ___/___/___ (Month Day Year)

Census Tract: _____ County of Residence _____

Birth Weight: ___/___ kg ___/___ gm lb oz Clinical Estimate of Gestation (weeks): _____

Abnormal Conditions: _____ Congenital Anomalies: _____

Prenatal Care Questions:

Specify Month Prenatal Care Began _____ ☐ No Prenatal Care ☐ Unknown

Number of Prenatal Visits _____ ☐ No Visits ☐ Unknown

Risk Factors: Tobacco Use ☐ Yes ☐ No No. of cigarettes per day _____

Alcohol Use ☐ Yes ☐ No No. of drinks per week _____

Chemical Substance Abuse ☐ Yes ☐ No Specify _____

To the best of the team's knowledge, is the Birth Certificate information correct/complete: ☐ Yes ☐ No

Death Certificate Number _____

Manner of death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ At Scene of Incident ☐ Hospital Emergency Room ☐ Child's Residence ☐ In Transit ☐ Relative's/Friend's Home ☐ Institutional Setting ☐ Child Care

Is the Death Certificate adequate/complete? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No ☐ Unknown

If Yes, location: ☐ Medical Examiner _____ ☐ Hospital _____ ☐ Other _____

Review team comments/recommendations and prevention issues:

_____

_____

_____

_____

_____

_____

1st Review: ___/___/___ | 2nd Review: ___/___/___ | 3rd Review: ___/___/___

1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back)

☐ Sudden Infant Death Syndrome ☐ Firearm
☐ Lack of adequate care ☐ Inflicted Injury
☐ Prematurity ☐ Poisoning/overdose
☐ Illness or other natural cause ☐ Fire/burn
☐ Drowning ☐ Other cause not listed above
☐ Suffocation/strangulation ☐ Unknown cause
☐ Vehicular

2. Family has prior child protective services involvement?
☐ Yes ☐ No

3. Other public/private agency involvement?
☐ Yes ☐ No ☐ Unknown
If yes, name of agency:
Health Department: ☐ Immunizations ☐ CSS ☐ WIC ☐ Home visiting program ☐ Other
DHS: ☐ FF ☐ Food Stamps ☐ Other
☐ Counseling/Mental Health ☐ Police/Sheriff
☐ TennCare ☐ Juvenile Court
☐ Other: _____

4. Was there an apparent delay in seeking medical treatment?
☐ Yes ☐ No ☐ Unknown

5. Suspected child abuse/neglect fatality?
☐ Yes ☐ No ☐ Unknown

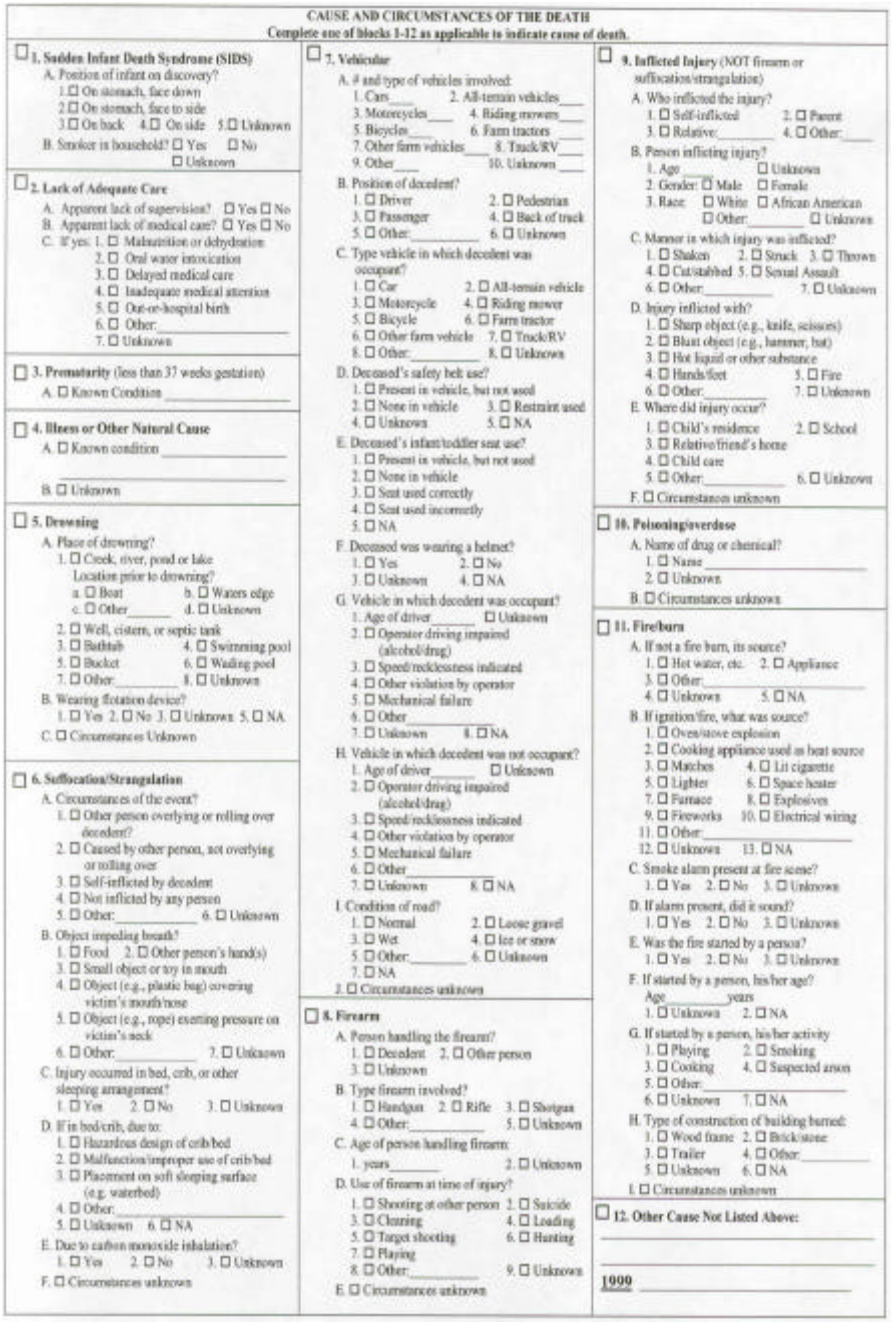
6. Overall was the investigation adequate? ☐ Yes ☐ No
If no, was the problem with:
☐ Autopsy ☐ Police follow-up
☐ Hospital review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other _____

7. Manner of death as determined by the CFRT team:
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined ☐ Undetermined due to suspicious circumstances

Recommended for additional review? ☐ Yes ☐ No

Which reports/records were requested for full review?
☐ Law enforcement ☐ School ☐ DHS ☐ Med. Exam autopsy
☐ Hospital autopsy ☐ Court ☐ DA report ☐ Health Dept.
☐ Attending physician ☐ Other: _____

Date case closed by CFRT: ___/___/___



CAUSE AND CIRCUMSTANCES OF THE DEATH
Complete one of blocks 1-12 as applicable to indicate cause of death.

☐ **1. Sudden Infant Death Syndrome (SIDS)**
A. Position of infant on discovery?
1.☐ On stomach, face down
2.☐ On stomach, face to side
3.☐ On back 4.☐ On side 5.☐ Unknown
B. Smoker in household? ☐ Yes ☐ No ☐ Unknown

☐ **2. Lack of Adequate Care**
A. Apparent lack of supervision? ☐ Yes ☐ No
B. Apparent lack of medical care? ☐ Yes ☐ No
C. If yes: 1. ☐ Malnutrition or dehydration
2. ☐ Oral water intoxication
3. ☐ Delayed medical care
4. ☐ Inadequate medical attention
5. ☐ Out-or-hospital birth
6. ☐ Other:_____
7. ☐ Unknown

☐ **3. Prematurity** (less than 37 weeks gestation)
A. ☐ Known Condition _____

☐ **4. Illness or Other Natural Cause**
A. ☐ Known condition _____
_____
B. ☐ Unknown

☐ **5. Drowning**
A. Place of drowning?
1. ☐ Creek, river, pond or lake
Location prior to drowning?
a. ☐ Boat b. ☐ Waters edge
c. ☐ Other_____ d. ☐ Unknown
2. ☐ Well, cistern, or septic tank
3. ☐ Bathtub 4. ☐ Swimming pool
5. ☐ Bucket 6. ☐ Wading pool
7. ☐ Other:_____ 8. ☐ Unknown
B. Wearing flotation device?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown 5. ☐ NA
C. ☐ Circumstances Unknown

☐ **6. Suffocation/Strangulation**
A. Circumstances of the event?
1. ☐ Other person overlying or rolling over decedent?
2. ☐ Caused by other person, not overlying or rolling over
3. ☐ Self-inflicted by decedent
4. ☐ Not inflicted by any person
5. ☐ Other:_____ 6. ☐ Unknown
B. Object impeding breath?
1. ☐ Food 2. ☐ Other person's hand(s)
3. ☐ Small object or toy in mouth
4. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
5. ☐ Object (e.g., rope) exerting pressure on victim's neck
6. ☐ Other:_____ 7. ☐ Unknown
C. Injury occurred in bed, crib, or other sleeping arrangement?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If in bed/crib, due to:
1. ☐ Hazardous design of crib/bed
2. ☐ Malfunction/improper use of crib/bed
3. ☐ Placement on soft sleeping surface (e.g. waterbed)
4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
E. Due to carbon monoxide inhalation?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **7. Vehicular**
A. # and type of vehicles involved:
1. Cars___ 2. All-terrain vehicles___
3. Motorcycles___ 4. Riding mowers___
5. Bicycles___ 6. Farm tractors___
7. Other farm vehicles___ 8. Truck/RV___
9. Other___ 10. Unknown___
B. Position of decedent?
1. ☐ Driver 2. ☐ Pedestrian
3. ☐ Passenger 4. ☐ Back of truck
5. ☐ Other:_____ 6. ☐ Unknown
C. Type vehicle in which decedent was occupant?
1. ☐ Car 2. ☐ All-terrain vehicle
3. ☐ Motorcycle 4. ☐ Riding mower
5. ☐ Bicycle 6. ☐ Farm tractor
6. ☐ Other farm vehicle 7. ☐ Truck/RV
8. ☐ Other:_____ 8. ☐ Unknown
D. Deceased's safety belt use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle 3. ☐ Restraint used
4. ☐ Unknown 5. ☐ NA
E. Deceased's infant/toddler seat use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle
3. ☐ Seat used correctly
4. ☐ Seat used incorrectly
5. ☐ NA
F. Deceased was wearing a helmet?
1. ☐ Yes 2. ☐ No
3. ☐ Unknown 4. ☐ NA
G. Vehicle in which decedent was occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
H. Vehicle in which decedent was not occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
I. Condition of road?
1. ☐ Normal 2. ☐ Loose gravel
3. ☐ Wet 4. ☐ Ice or snow
5. ☐ Other:_____ 6. ☐ Unknown
7. ☐ NA
J. ☐ Circumstances unknown

☐ **8. Firearm**
A. Person handling the firearm?
1. ☐ Decedent 2. ☐ Other person
3. ☐ Unknown
B. Type firearm involved?
1. ☐ Handgun 2. ☐ Rifle 3. ☐ Shotgun
4. ☐ Other:_____ 5. ☐ Unknown
C. Age of person handling firearm:
1. years_____ 2. ☐ Unknown
D. Use of firearm at time of injury?
1. ☐ Shooting at other person 2. ☐ Suicide
3. ☐ Cleaning 4. ☐ Loading
5. ☐ Target shooting 6. ☐ Hunting
7. ☐ Playing
8. ☐ Other:_____ 9. ☐ Unknown
E. ☐ Circumstances unknown

☐ **9. Inflicted Injury** (NOT firearm or suffocation/strangulation)
A. Who inflicted the injury?
1. ☐ Self-inflicted 2. ☐ Parent
3. ☐ Relative:_____ 4. ☐ Other:_____
B. Person inflicting injury?
1. Age_____ ☐ Unknown
2. Gender: ☐ Male ☐ Female
3. Race ☐ White ☐ African American
☐ Other:_____ ☐ Unknown
C. Manner in which injury was inflicted?
1. ☐ Shaken 2. ☐ Struck 3. ☐ Thrown
4. ☐ Cut/stabbed 5. ☐ Sexual Assault
6. ☐ Other:_____ 7. ☐ Unknown
D. Injury inflicted with?
1. ☐ Sharp object (e.g., knife, scissors)
2. ☐ Blunt object (e.g., hammer, bat)
3. ☐ Hot liquid or other substance
4. ☐ Hands/feet 5. ☐ Fire
6. ☐ Other:_____ 7. ☐ Unknown
E. Where did injury occur?
1. ☐ Child's residence 2. ☐ School
3. ☐ Relative/friend's home
4. ☐ Child care
5. ☐ Other:_____ 6. ☐ Unknown
F. ☐ Circumstances unknown

☐ **10. Poisoning/overdose**
A. Name of drug or chemical?
1. ☐ Name _____
2. ☐ Unknown
B. ☐ Circumstances unknown

☐ **11. Fire/burn**
A. If not a fire burn, its source?
1. ☐ Hot water, etc. 2. ☐ Appliance
3. ☐ Other:_____
4. ☐ Unknown 5. ☐ NA
B. If ignition/fire, what was source?
1. ☐ Oven/stove explosion
2. ☐ Cooking appliance used as heat source
3. ☐ Matches 4. ☐ Lit cigarette
5. ☐ Lighter 6. ☐ Space heater
7. ☐ Furnace 8. ☐ Explosives
9. ☐ Fireworks 10. ☐ Electrical wiring
11. ☐ Other:_____
12. ☐ Unknown 13. ☐ NA
C. Smoke alarm present at fire scene?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If alarm present, did it sound?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
E. Was the fire started by a person?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. If started by a person, his/her age?
Age_____years
1. ☐ Unknown 2. ☐ NA
G. If started by a person, his/her activity
1. ☐ Playing 2. ☐ Smoking
3. ☐ Cooking 4. ☐ Suspected arson
5. ☐ Other:_____
6. ☐ Unknown 7. ☐ NA
H. Type of construction of building burned:
1. ☐ Wood frame 2. ☐ Brick/stone
3. ☐ Trailer 4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
I. ☐ Circumstances unknown

☐ **12. Other Cause Not Listed Above:**
_____
_____
1999 _____

TENNESSEE DEPARTMENT OF HEALTH
CHILD FATALITY REVIEW TEAM
2000 REVIEW/DATA COLLECTION FORM

MCH 1/00

This form is confidential

The information on this form was entered into the data system on _____ by _____

Judicial District No.: _____ Child Death Year/No.: ___/___/___ - ___/___/___

Child's Name: _____ (Last / First / Middle)

Date of Death: ___/___/___ Date of Birth: ___/___/___ Sex: ☐ Male ☐ Female

Address: _____ (Street / City) Zip Code: _____

Race: ☐ White ☐ African American ☐ Hispanic ☐ Asian Other: _____

Mother's Name: _____ (Last / Maiden / First / Middle)

Mother's Social Security Number: ___-___-___ Date of Birth: ___/___/___ (Month / Day / Year)

Census Tract: _____ County of Residence _____

Birth Weight: ___/___ kg/gm ___/___ lb/oz Clinical Estimate of Gestation (weeks): _____

Abnormal Conditions: _____ Congenital Anomalies: _____

Prenatal Care Questions:

Specify Month Prenatal Care Began _____ ☐ No Prenatal Care ☐ Unknown

Number of Prenatal Visits _____ ☐ No Visits ☐ Unknown

Risk Factors: Tobacco Use ☐ Yes ☐ No No. of cigarettes per day _____

Alcohol Use ☐ Yes ☐ No No. of drinks per week _____

Chemical Substance Abuse ☐ Yes ☐ No Specify _____

To the best of the team's knowledge, is the Birth Certificate information correct/complete: ☐ Yes ☐ No

Death Certificate Number _____

Manner of death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ At Scene of Incident ☐ Hospital Emergency Room ☐ Child's Residence ☐ In Transit ☐ Relative's/Friend's Home ☐ Institutional Setting ☐ Child Care

Is the Death Certificate adequate/complete? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No ☐ Unknown

If Yes, location: ☐ Medical Examiner _____ ☐ Hospital _____ ☐ Other _____

Review team comments/recommendations and prevention issues:

1st Review: ___/___/___ | 2nd Review: ___/___/___ | 3rd Review: ___/___/___

1. CAUSE AND CIRCUMSTANCES OF DEATH
(Complete on back)

☐ Sudden Infant Death Syndrome ☐ Firearm
☐ Lack of adequate care ☐ Inflicted Injury
☐ Prematurity ☐ Poisoning/overdose
☐ Illness or other natural cause ☐ Fire/burn
☐ Drowning ☐ Other cause not listed above
☐ Suffocation/strangulation ☐ Unknown cause
☐ Vehicular

2. Family has prior child protective services involvement?
☐ Yes ☐ No

3. Other public/private agency involvement?
☐ Yes ☐ No ☐ Unknown
If yes, name of agency:
Health Department: ☐ Immunizations ☐ CSS ☐ WIC ☐ Home visiting program ☐ Other
DHS: ☐ FF ☐ Food Stamps ☐ Other
☐ Counseling/Mental Health ☐ Police/Sheriff
☐ TennCare ☐ Juvenile Court
☐ Other: _____

4. Was there an apparent delay in seeking medical treatment?
☐ Yes ☐ No ☐ Unknown

5. Suspected child abuse/neglect fatality?
☐ Yes ☐ No ☐ Unknown

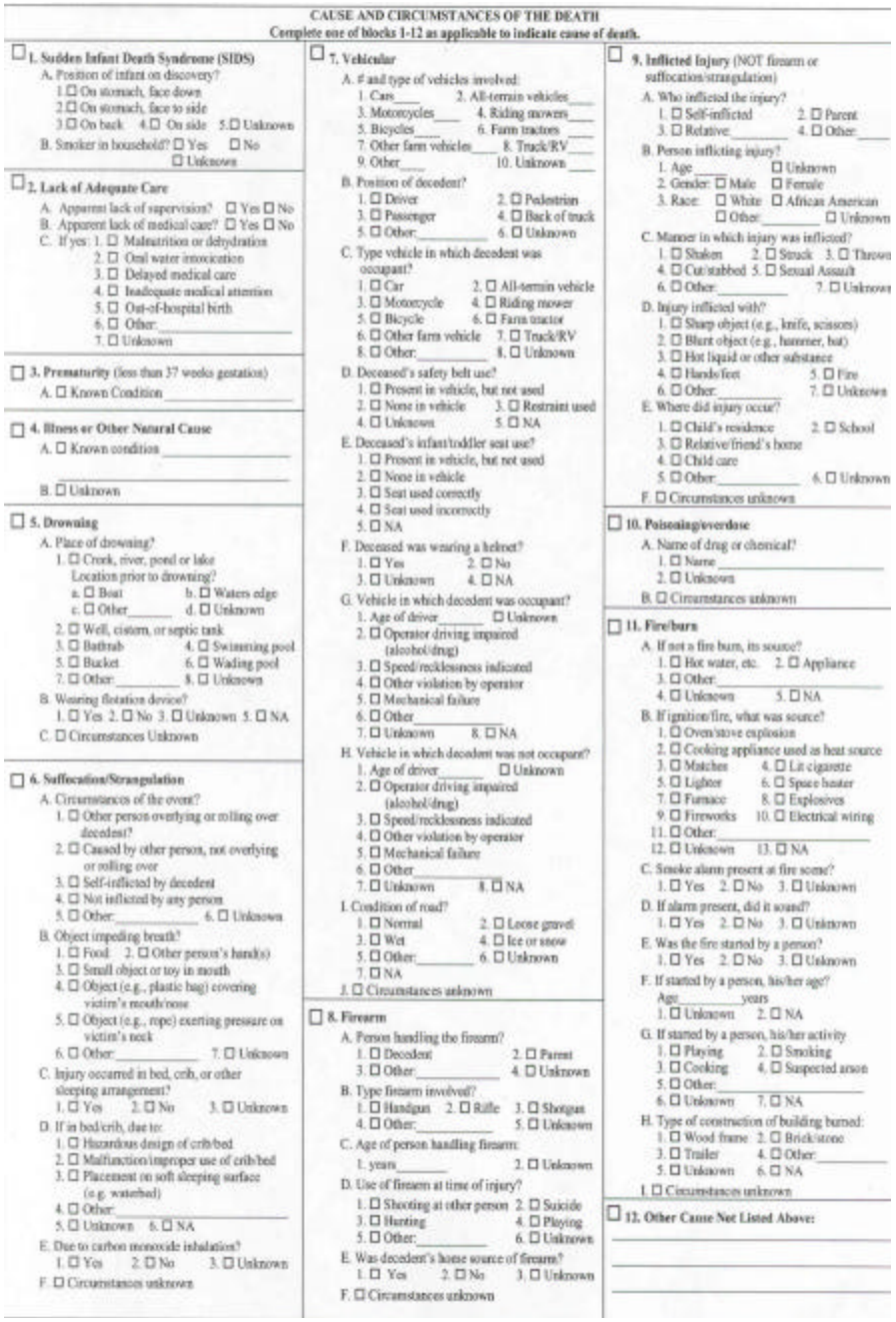
6. Overall was the investigation adequate? ☐ Yes ☐ No
If no, was the problem with:
☐ Autopsy ☐ Police follow-up
☐ Hospital review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other _____

7. Manner of death as determined by the CFRT team:
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined ☐ Undetermined due to suspicious circumstances

Recommended for additional review? ☐ Yes ☐ No

Which reports/records were requested for full review?
☐ Law enforcement ☐ School ☐ DHS ☐ Med. Exam autopsy
☐ Hospital autopsy ☐ Court ☐ DA report ☐ Health Dept.
☐ Attending physician ☐ Other: _____

Date case closed by CFRT: ___/___/___



CAUSE AND CIRCUMSTANCES OF THE DEATH

Complete one of blocks 1-12 as applicable to indicate cause of death.

☐ **1. Sudden Infant Death Syndrome (SIDS)**
A. Position of infant on discovery?
1.☐ On stomach, face down
2.☐ On stomach, face to side
3.☐ On back 4.☐ On side 5.☐ Unknown
B. Smoker in household? ☐ Yes ☐ No ☐ Unknown

☐ **2. Lack of Adequate Care**
A. Apparent lack of supervision? ☐ Yes ☐ No
B. Apparent lack of medical care? ☐ Yes ☐ No
C. If yes: 1. ☐ Malnutrition or dehydration
2. ☐ Oral water intoxication
3. ☐ Delayed medical care
4. ☐ Inadequate medical attention
5. ☐ Out-of-hospital birth
6. ☐ Other:_____
7. ☐ Unknown

☐ **3. Prematurity** (less than 37 weeks gestation)
A. ☐ Known Condition _____

☐ **4. Illness or Other Natural Cause**
A. ☐ Known condition _____
B. ☐ Unknown

☐ **5. Drowning**
A. Place of drowning?
1. ☐ Creek, river, pond or lake
Location prior to drowning?
a. ☐ Boat b. ☐ Waters edge
c. ☐ Other_____ d. ☐ Unknown
2. ☐ Well, cistern, or septic tank
3. ☐ Bathtub 4. ☐ Swimming pool
5. ☐ Bucket 6. ☐ Wading pool
7. ☐ Other:_____ 8. ☐ Unknown
B. Wearing flotation device?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown 5. ☐ NA
C. ☐ Circumstances Unknown

☐ **6. Suffocation/Strangulation**
A. Circumstances of the event?
1. ☐ Other person overlying or rolling over decedent?
2. ☐ Caused by other person, not overlying or rolling over
3. ☐ Self-inflicted by decedent
4. ☐ Not inflicted by any person
5. ☐ Other:_____ 6. ☐ Unknown
B. Object impeding breath?
1. ☐ Food 2. ☐ Other person's hand(s)
3. ☐ Small object or toy in mouth
4. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
5. ☐ Object (e.g., rope) exerting pressure on victim's neck
6. ☐ Other:_____ 7. ☐ Unknown
C. Injury occurred in bed, crib, or other sleeping arrangement?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If in bed/crib, due to:
1. ☐ Hazardous design of crib/bed
2. ☐ Malfunction/improper use of crib/bed
3. ☐ Placement on soft sleeping surface (e.g. waterbed)
4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
E. Due to carbon monoxide inhalation?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **7. Vehicular**
A. # and type of vehicles involved:
1. Cars____ 2. All-terrain vehicles____
3. Motorcycles____ 4. Riding mowers____
5. Bicycles____ 6. Farm tractors____
7. Other farm vehicles____ 8. Truck/RV____
9. Other____ 10. Unknown____
B. Position of decedent?
1. ☐ Driver 2. ☐ Pedestrian
3. ☐ Passenger 4. ☐ Back of truck
5. ☐ Other:_____ 6. ☐ Unknown
C. Type vehicle in which decedent was occupant?
1. ☐ Car 2. ☐ All-terrain vehicle
3. ☐ Motorcycle 4. ☐ Riding mower
5. ☐ Bicycle 6. ☐ Farm tractor
6. ☐ Other farm vehicle 7. ☐ Truck/RV
8. ☐ Other:_____ 8. ☐ Unknown
D. Deceased's safety belt use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle 3. ☐ Restraint used
4. ☐ Unknown 5. ☐ NA
E. Deceased's infant/toddler seat use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle
3. ☐ Seat used correctly
4. ☐ Seat used incorrectly
5. ☐ NA
F. Deceased was wearing a helmet?
1. ☐ Yes 2. ☐ No
3. ☐ Unknown 4. ☐ NA
G. Vehicle in which decedent was occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
H. Vehicle in which decedent was not occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
I. Condition of road?
1. ☐ Normal 2. ☐ Loose gravel
3. ☐ Wet 4. ☐ Ice or snow
5. ☐ Other:_____ 6. ☐ Unknown
7. ☐ NA
J. ☐ Circumstances unknown

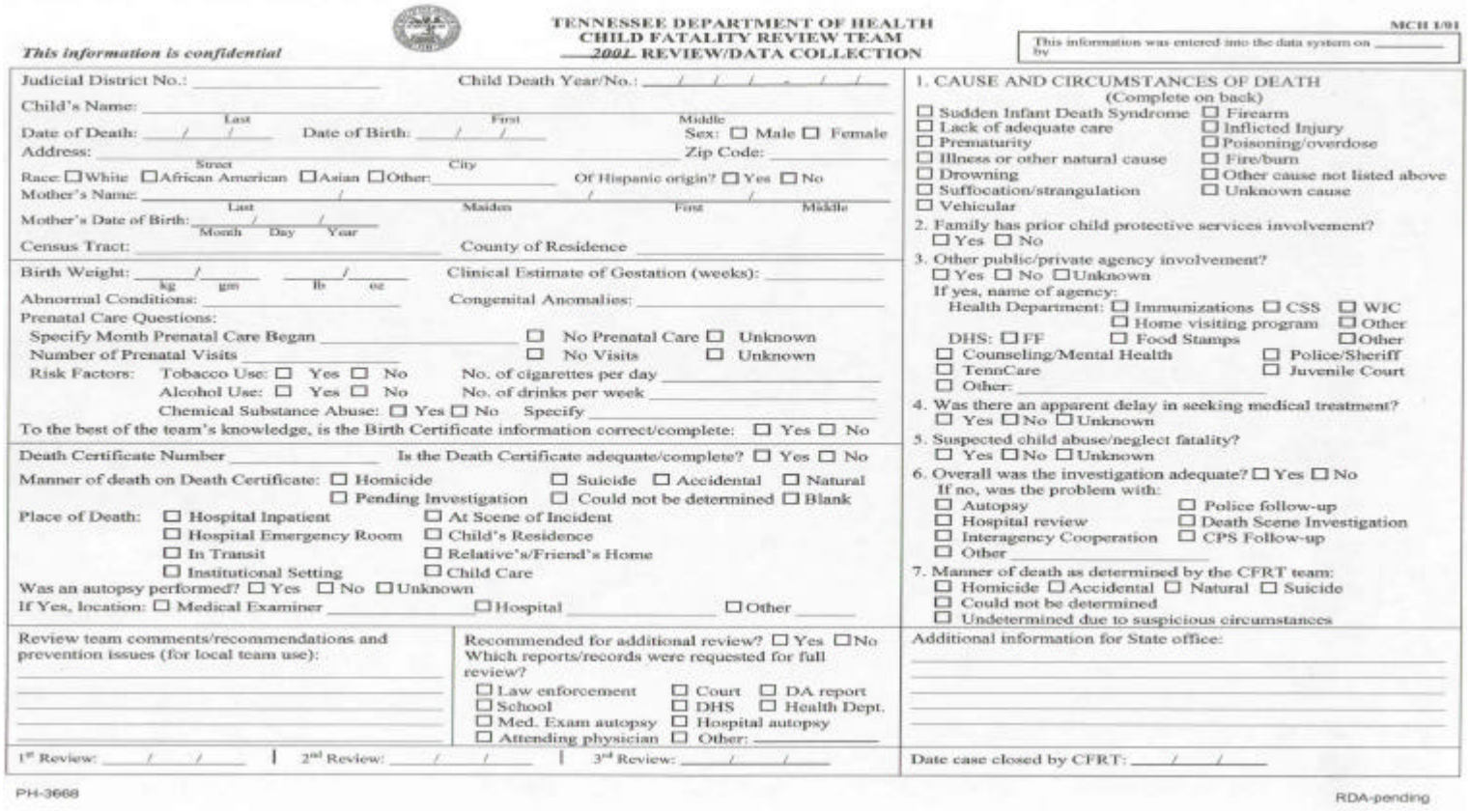
☐ **8. Firearm**
A. Person handling the firearm?
1. ☐ Decedent 2. ☐ Parent
3. ☐ Other:_____ 4. ☐ Unknown
B. Type firearm involved?
1. ☐ Handgun 2. ☐ Rifle 3. ☐ Shotgun
4. ☐ Other:_____ 5. ☐ Unknown
C. Age of person handling firearm:
1. years_____ 2. ☐ Unknown
D. Use of firearm at time of injury?
1. ☐ Shooting at other person 2. ☐ Suicide
3. ☐ Hunting 4. ☐ Playing
5. ☐ Other:_____ 6. ☐ Unknown
E. Was decedent's home source of firearm?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **9. Inflicted Injury** (NOT firearm or suffocation/strangulation)
A. Who inflicted the injury?
1. ☐ Self-inflicted 2. ☐ Parent
3. ☐ Relative:_____ 4. ☐ Other:_____
B. Person inflicting injury?
1. Age _____ ☐ Unknown
2. Gender: ☐ Male ☐ Female
3. Race: ☐ White ☐ African American
☐ Other:_____ ☐ Unknown
C. Manner in which injury was inflicted?
1. ☐ Shaken 2. ☐ Struck 3. ☐ Thrown
4. ☐ Cut/stabbed 5. ☐ Sexual Assault
6. ☐ Other:_____ 7. ☐ Unknown
D. Injury inflicted with?
1. ☐ Sharp object (e.g., knife, scissors)
2. ☐ Blunt object (e.g., hammer, bat)
3. ☐ Hot liquid or other substance
4. ☐ Hands/feet 5. ☐ Fire
6. ☐ Other:_____ 7. ☐ Unknown
E. Where did injury occur?
1. ☐ Child's residence 2. ☐ School
3. ☐ Relative/friend's home
4. ☐ Child care
5. ☐ Other:_____ 6. ☐ Unknown
F. ☐ Circumstances unknown

☐ **10. Poisoning/overdose**
A. Name of drug or chemical?
1. ☐ Name _____
2. ☐ Unknown
B. ☐ Circumstances unknown

☐ **11. Fire/burn**
A. If not a fire burn, its source?
1. ☐ Hot water, etc. 2. ☐ Appliance
3. ☐ Other:_____
4. ☐ Unknown 5. ☐ NA
B. If ignition/fire, what was source?
1. ☐ Oven/stove explosion
2. ☐ Cooking appliance used as heat source
3. ☐ Matches 4. ☐ Lit cigarette
5. ☐ Lighter 6. ☐ Space heater
7. ☐ Furnace 8. ☐ Explosives
9. ☐ Fireworks 10. ☐ Electrical wiring
11. ☐ Other:_____
12. ☐ Unknown 13. ☐ NA
C. Smoke alarm present at fire scene?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If alarm present, did it sound?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
E. Was the fire started by a person?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. If started by a person, his/her age?
Age_____years
1. ☐ Unknown 2. ☐ NA
G. If started by a person, his/her activity
1. ☐ Playing 2. ☐ Smoking
3. ☐ Cooking 4. ☐ Suspected arson
5. ☐ Other:_____
6. ☐ Unknown 7. ☐ NA
H. Type of construction of building burned:
1. ☐ Wood frame 2. ☐ Brick/stone
3. ☐ Trailer 4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
I. ☐ Circumstances unknown

☐ **12. Other Cause Not Listed Above:**
_____
_____
_____



TENNESSEE DEPARTMENT OF HEALTH
CHILD FATALITY REVIEW TEAM
2001 REVIEW/DATA COLLECTION

MCH 1/01

This information was entered into the data system on _____ by _____

This information is confidential

Judicial District No.: _____ Child Death Year/No.: ____/____/____ - ____/____/____

Child's Name: _____ (Last) (First) (Middle)

Date of Death: ____/____/____ Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Address: _____ (Street) (City) Zip Code: _____

Race: ☐ White ☐ African American ☐ Asian ☐ Other: _____ Of Hispanic origin? ☐ Yes ☐ No

Mother's Name: _____ (Last) (Maiden) (First) (Middle)

Mother's Date of Birth: ____/____/____ (Month) (Day) (Year)

Census Tract: _____ County of Residence _____

Birth Weight: ____/____ (kg) (gm) ____/____ (lb) (oz) Clinical Estimate of Gestation (weeks): _____

Abnormal Conditions: _____ Congenital Anomalies: _____

Prenatal Care Questions:

Specify Month Prenatal Care Began _____ ☐ No Prenatal Care ☐ Unknown

Number of Prenatal Visits _____ ☐ No Visits ☐ Unknown

Risk Factors: Tobacco Use: ☐ Yes ☐ No No. of cigarettes per day _____

Alcohol Use: ☐ Yes ☐ No No. of drinks per week _____

Chemical Substance Abuse: ☐ Yes ☐ No Specify _____

To the best of the team's knowledge, is the Birth Certificate information correct/complete: ☐ Yes ☐ No

Death Certificate Number _____ Is the Death Certificate adequate/complete? ☐ Yes ☐ No

Manner of death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ At Scene of Incident ☐ Hospital Emergency Room ☐ Child's Residence ☐ In Transit ☐ Relative's/Friend's Home ☐ Institutional Setting ☐ Child Care

Was an autopsy performed? ☐ Yes ☐ No ☐ Unknown

If Yes, location: ☐ Medical Examiner _____ ☐ Hospital _____ ☐ Other _____

Review team comments/recommendations and prevention issues (for local team use):

Recommended for additional review? ☐ Yes ☐ No

Which reports/records were requested for full review?

☐ Law enforcement ☐ Court ☐ DA report ☐ School ☐ DHS ☐ Health Dept. ☐ Med. Exam autopsy ☐ Hospital autopsy ☐ Attending physician ☐ Other: _____

1st Review: ____/____/____ | 2nd Review: ____/____/____ | 3rd Review: ____/____/____

1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back)

☐ Sudden Infant Death Syndrome ☐ Firearm
☐ Lack of adequate care ☐ Inflicted Injury
☐ Prematurity ☐ Poisoning/overdose
☐ Illness or other natural cause ☐ Fire/burn
☐ Drowning ☐ Other cause not listed above
☐ Suffocation/strangulation ☐ Unknown cause
☐ Vehicular

2. Family has prior child protective services involvement? ☐ Yes ☐ No

3. Other public/private agency involvement? ☐ Yes ☐ No ☐ Unknown

If yes, name of agency:

Health Department: ☐ Immunizations ☐ CSS ☐ WIC ☐ Home visiting program ☐ Other

DHS: ☐ FF ☐ Food Stamps ☐ Other

☐ Counseling/Mental Health ☐ Police/Sheriff
☐ TennCare ☐ Juvenile Court
☐ Other: _____

4. Was there an apparent delay in seeking medical treatment? ☐ Yes ☐ No ☐ Unknown

5. Suspected child abuse/neglect fatality? ☐ Yes ☐ No ☐ Unknown

6. Overall was the investigation adequate? ☐ Yes ☐ No

If no, was the problem with:

☐ Autopsy ☐ Police follow-up
☐ Hospital review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other _____

7. Manner of death as determined by the CFRT team:

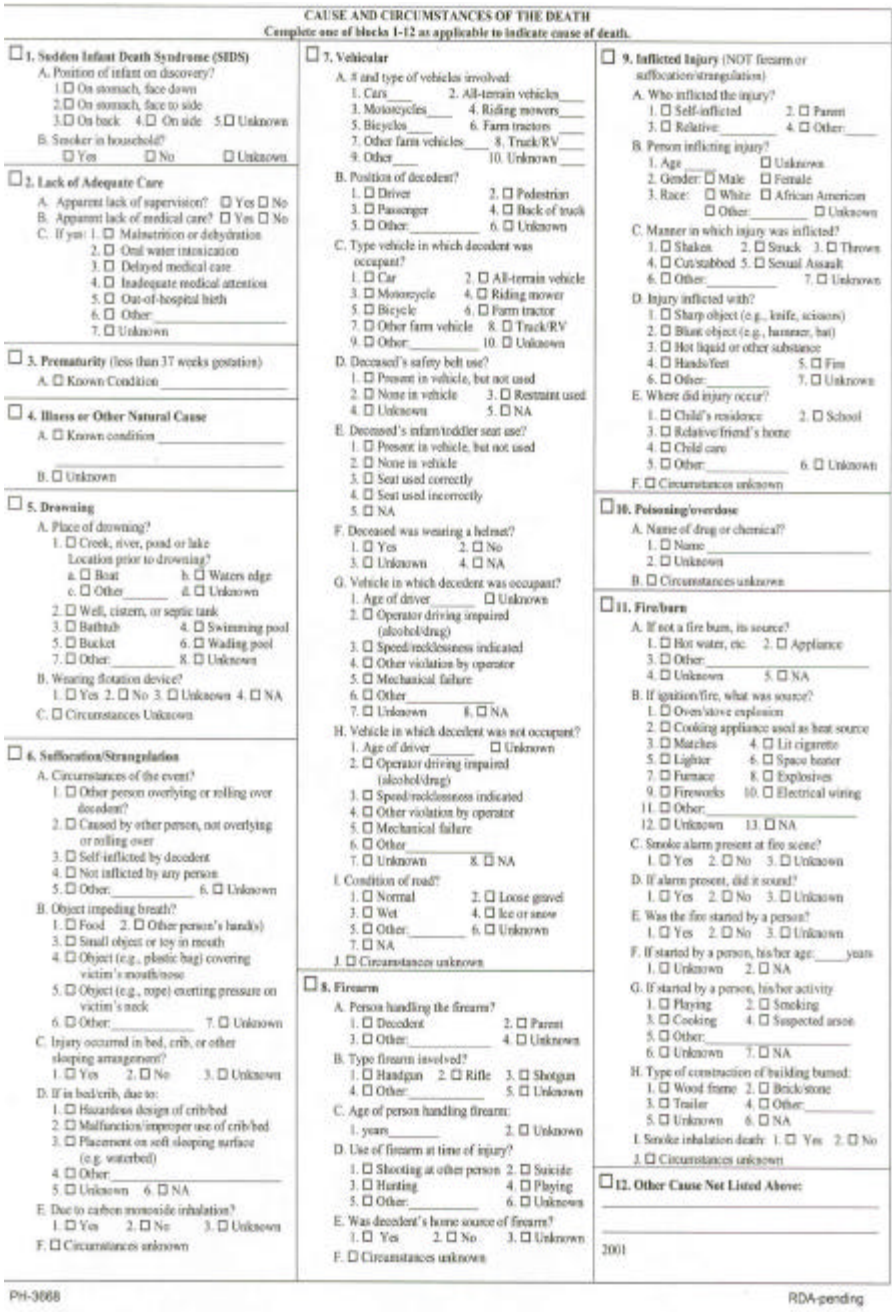
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined
☐ Undetermined due to suspicious circumstances

Additional information for State office:

Date case closed by CFRT: ____/____/____

PH-3668

RDA-pending



CAUSE AND CIRCUMSTANCES OF THE DEATH
Complete one of blocks 1-12 as applicable to indicate cause of death.

☐ **1. Sudden Infant Death Syndrome (SIDS)**
A. Position of infant on discovery?
1. ☐ On stomach, face down
2. ☐ On stomach, face to side
3. ☐ On back 4. ☐ On side 5. ☐ Unknown
B. Smoker in household?
☐ Yes ☐ No ☐ Unknown

☐ **2. Lack of Adequate Care**
A. Apparent lack of supervision? ☐ Yes ☐ No
B. Apparent lack of medical care? ☐ Yes ☐ No
C. If yes: 1. ☐ Malnutrition or dehydration
2. ☐ Oral water intoxication
3. ☐ Delayed medical care
4. ☐ Inadequate medical attention
5. ☐ Out-of-hospital birth
6. ☐ Other:_____
7. ☐ Unknown

☐ **3. Prematurity** (less than 37 weeks gestation)
A. ☐ Known Condition _____

☐ **4. Illness or Other Natural Cause**
A. ☐ Known condition _____
_____
B. ☐ Unknown

☐ **5. Drowning**
A. Place of drowning?
1. ☐ Creek, river, pond or lake
Location prior to drowning?
a. ☐ Boat b. ☐ Waters edge
c. ☐ Other_____ d. ☐ Unknown
2. ☐ Well, cistern, or septic tank
3. ☐ Bathtub 4. ☐ Swimming pool
5. ☐ Bucket 6. ☐ Wading pool
7. ☐ Other:_____ 8. ☐ Unknown
B. Wearing flotation device?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown 4. ☐ NA
C. ☐ Circumstances Unknown

☐ **6. Suffocation/Strangulation**
A. Circumstances of the event?
1. ☐ Other person overlying or rolling over decedent?
2. ☐ Caused by other person, not overlying or rolling over
3. ☐ Self-inflicted by decedent
4. ☐ Not inflicted by any person
5. ☐ Other:_____ 6. ☐ Unknown
B. Object impeding breath?
1. ☐ Food 2. ☐ Other person's hand(s)
3. ☐ Small object or toy in mouth
4. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
5. ☐ Object (e.g., rope) exerting pressure on victim's neck
6. ☐ Other:_____ 7. ☐ Unknown
C. Injury occurred in bed, crib, or other sleeping arrangement?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If in bed/crib, due to:
1. ☐ Hazardous design of crib/bed
2. ☐ Malfunction/improper use of crib/bed
3. ☐ Placement on soft sleeping surface (e.g. waterbed)
4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
E. Due to carbon monoxide inhalation?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **7. Vehicular**
A. # and type of vehicles involved:
1. Cars____ 2. All-terrain vehicles____
3. Motorcycles____ 4. Riding mowers____
5. Bicycles____ 6. Farm tractors ____
7. Other farm vehicles____ 8. Truck/RV____
9. Other____ 10. Unknown ____
B. Position of decedent?
1. ☐ Driver 2. ☐ Pedestrian
3. ☐ Passenger 4. ☐ Back of truck
5. ☐ Other:_____ 6. ☐ Unknown
C. Type vehicle in which decedent was occupant?
1. ☐ Car 2. ☐ All-terrain vehicle
3. ☐ Motorcycle 4. ☐ Riding mower
5. ☐ Bicycle 6. ☐ Farm tractor
7. ☐ Other farm vehicle 8. ☐ Truck/RV
9. ☐ Other:_____ 10. ☐ Unknown
D. Deceased's safety belt use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle 3. ☐ Restraint used
4. ☐ Unknown 5. ☐ NA
E. Deceased's infant/toddler seat use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle
3. ☐ Seat used correctly
4. ☐ Seat used incorrectly
5. ☐ NA
F. Deceased was wearing a helmet?
1. ☐ Yes 2. ☐ No
3. ☐ Unknown 4. ☐ NA
G. Vehicle in which decedent was occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
H. Vehicle in which decedent was not occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
I. Condition of road?
1. ☐ Normal 2. ☐ Loose gravel
3. ☐ Wet 4. ☐ Ice or snow
5. ☐ Other:_____ 6. ☐ Unknown
7. ☐ NA
J. ☐ Circumstances unknown

☐ **8. Firearm**
A. Person handling the firearm?
1. ☐ Decedent 2. ☐ Parent
3. ☐ Other:_____ 4. ☐ Unknown
B. Type firearm involved?
1. ☐ Handgun 2. ☐ Rifle 3. ☐ Shotgun
4. ☐ Other:_____ 5. ☐ Unknown
C. Age of person handling firearm:
1. years_____ 2. ☐ Unknown
D. Use of firearm at time of injury?
1. ☐ Shooting at other person 2. ☐ Suicide
3. ☐ Hunting 4. ☐ Playing
5. ☐ Other:_____ 6. ☐ Unknown
E. Was decedent's home source of firearm?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **9. Inflicted Injury** (NOT firearm or suffocation/strangulation)
A. Who inflicted the injury?
1. ☐ Self-inflicted 2. ☐ Parent
3. ☐ Relative:_____ 4. ☐ Other:_____
B. Person inflicting injury?
1. Age ____ ☐ Unknown
2. Gender: ☐ Male ☐ Female
3. Race: ☐ White ☐ African American
☐ Other:_____ ☐ Unknown
C. Manner in which injury was inflicted?
1. ☐ Shaken 2. ☐ Struck 3. ☐ Thrown
4. ☐ Cut/stabbed 5. ☐ Sexual Assault
6. ☐ Other:_____ 7. ☐ Unknown
D. Injury inflicted with?
1. ☐ Sharp object (e.g., knife, scissors)
2. ☐ Blunt object (e.g., hammer, bat)
3. ☐ Hot liquid or other substance
4. ☐ Hands/feet 5. ☐ Fire
6. ☐ Other:_____ 7. ☐ Unknown
E. Where did injury occur?
1. ☐ Child's residence 2. ☐ School
3. ☐ Relative/friend's home
4. ☐ Child care
5. ☐ Other:_____ 6. ☐ Unknown
F. ☐ Circumstances unknown

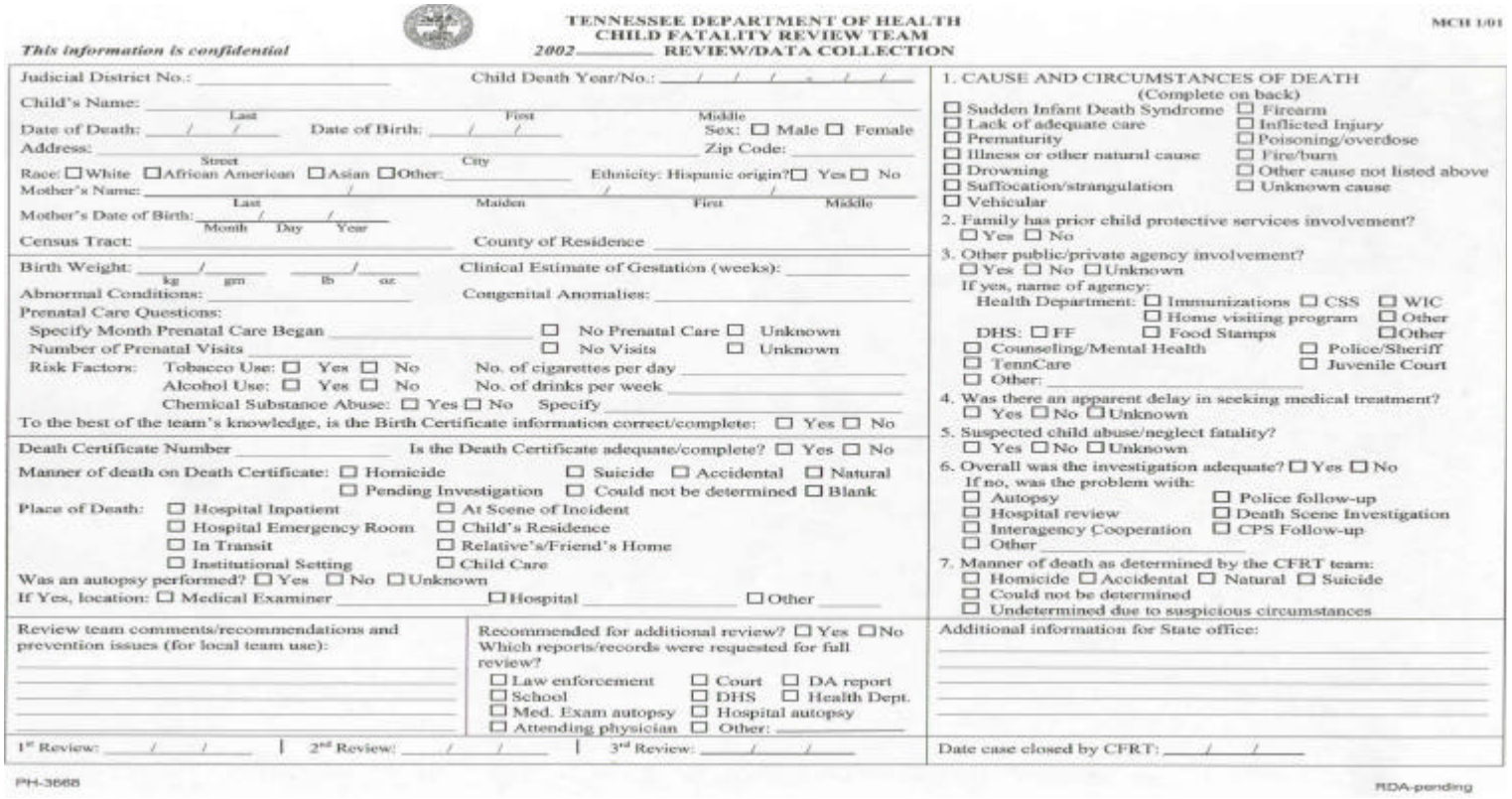
☐ **10. Poisoning/overdose**
A. Name of drug or chemical?
1. ☐ Name _____
2. ☐ Unknown
B. ☐ Circumstances unknown

☐ **11. Fire/burn**
A. If not a fire burn, its source?
1. ☐ Hot water, etc. 2. ☐ Appliance
3. ☐ Other:_____
4. ☐ Unknown 5. ☐ NA
B. If ignition/fire, what was source?
1. ☐ Oven/stove explosion
2. ☐ Cooking appliance used as heat source
3. ☐ Matches 4. ☐ Lit cigarette
5. ☐ Lighter 6. ☐ Space heater
7. ☐ Furnace 8. ☐ Explosives
9. ☐ Fireworks 10. ☐ Electrical wiring
11. ☐ Other:_____
12. ☐ Unknown 13. ☐ NA
C. Smoke alarm present at fire scene?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If alarm present, did it sound?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
E. Was the fire started by a person?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. If started by a person, his/her age:_____years
1. ☐ Unknown 2. ☐ NA
G. If started by a person, his/her activity
1. ☐ Playing 2. ☐ Smoking
3. ☐ Cooking 4. ☐ Suspected arson
5. ☐ Other:_____
6. ☐ Unknown 7. ☐ NA
H. Type of construction of building burned:
1. ☐ Wood frame 2. ☐ Brick/stone
3. ☐ Trailer 4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
I. Smoke inhalation death: 1. ☐ Yes 2. ☐ No
J. ☐ Circumstances unknown

☐ **12. Other Cause Not Listed Above:**
_____
_____

2001

PH-3668 RDA-pending



TENNESSEE DEPARTMENT OF HEALTH
CHILD FATALITY REVIEW TEAM
2002_____ REVIEW/DATA COLLECTION

This information is confidential

MCH 1/01

Judicial District No.: _____ Child Death Year/No.: ___/___/___ - ___/___/___

Child's Name: _____ (Last) _____ (First) _____ (Middle)

Date of Death: ___/___/___ Date of Birth: ___/___/___ Sex: ☐ Male ☐ Female

Address: _____ (Street) _____ (City) Zip Code: _____

Race: ☐ White ☐ African American ☐ Asian ☐ Other: _____ Ethnicity: Hispanic origin? ☐ Yes ☐ No

Mother's Name: _____ (Last) _____ (Maiden) _____ (First) _____ (Middle)

Mother's Date of Birth: ___/___/___ (Month / Day / Year)

Census Tract: _____ County of Residence _____

Birth Weight: ___kg/___gm ___lb/___oz Clinical Estimate of Gestation (weeks): _____

Abnormal Conditions: _____ Congenital Anomalies: _____

Prenatal Care Questions:

Specify Month Prenatal Care Began _____ ☐ No Prenatal Care ☐ Unknown

Number of Prenatal Visits _____ ☐ No Visits ☐ Unknown

Risk Factors: Tobacco Use: ☐ Yes ☐ No No. of cigarettes per day _____

Alcohol Use: ☐ Yes ☐ No No. of drinks per week _____

Chemical Substance Abuse: ☐ Yes ☐ No Specify _____

To the best of the team's knowledge, is the Birth Certificate information correct/complete: ☐ Yes ☐ No

Death Certificate Number _____ Is the Death Certificate adequate/complete? ☐ Yes ☐ No

Manner of death on Death Certificate: ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Pending Investigation ☐ Could not be determined ☐ Blank

Place of Death: ☐ Hospital Inpatient ☐ At Scene of Incident ☐ Hospital Emergency Room ☐ Child's Residence ☐ In Transit ☐ Relative's/Friend's Home ☐ Institutional Setting ☐ Child Care

Was an autopsy performed? ☐ Yes ☐ No ☐ Unknown

If Yes, location: ☐ Medical Examiner ☐ Hospital _____ ☐ Other _____

Review team comments/recommendations and prevention issues (for local team use):

Recommended for additional review? ☐ Yes ☐ No

Which reports/records were requested for full review?

☐ Law enforcement ☐ Court ☐ DA report
☐ School ☐ DHS ☐ Health Dept.
☐ Med. Exam autopsy ☐ Hospital autopsy
☐ Attending physician ☐ Other: _____

1st Review: ___/___/___ | 2nd Review: ___/___/___ | 3rd Review: ___/___/___

1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back)

☐ Sudden Infant Death Syndrome ☐ Firearm
☐ Lack of adequate care ☐ Inflicted Injury
☐ Prematurity ☐ Poisoning/overdose
☐ Illness or other natural cause ☐ Fire/burn
☐ Drowning ☐ Other cause not listed above
☐ Suffocation/strangulation ☐ Unknown cause
☐ Vehicular

2. Family has prior child protective services involvement?
☐ Yes ☐ No

3. Other public/private agency involvement?
☐ Yes ☐ No ☐ Unknown
If yes, name of agency:
Health Department: ☐ Immunizations ☐ CSS ☐ WIC ☐ Home visiting program ☐ Other
DHS: ☐ FF ☐ Food Stamps ☐ Other
☐ Counseling/Mental Health ☐ Police/Sheriff
☐ TennCare ☐ Juvenile Court
☐ Other: _____

4. Was there an apparent delay in seeking medical treatment?
☐ Yes ☐ No ☐ Unknown

5. Suspected child abuse/neglect fatality?
☐ Yes ☐ No ☐ Unknown

6. Overall was the investigation adequate? ☐ Yes ☐ No
If no, was the problem with:
☐ Autopsy ☐ Police follow-up
☐ Hospital review ☐ Death Scene Investigation
☐ Interagency Cooperation ☐ CPS Follow-up
☐ Other _____

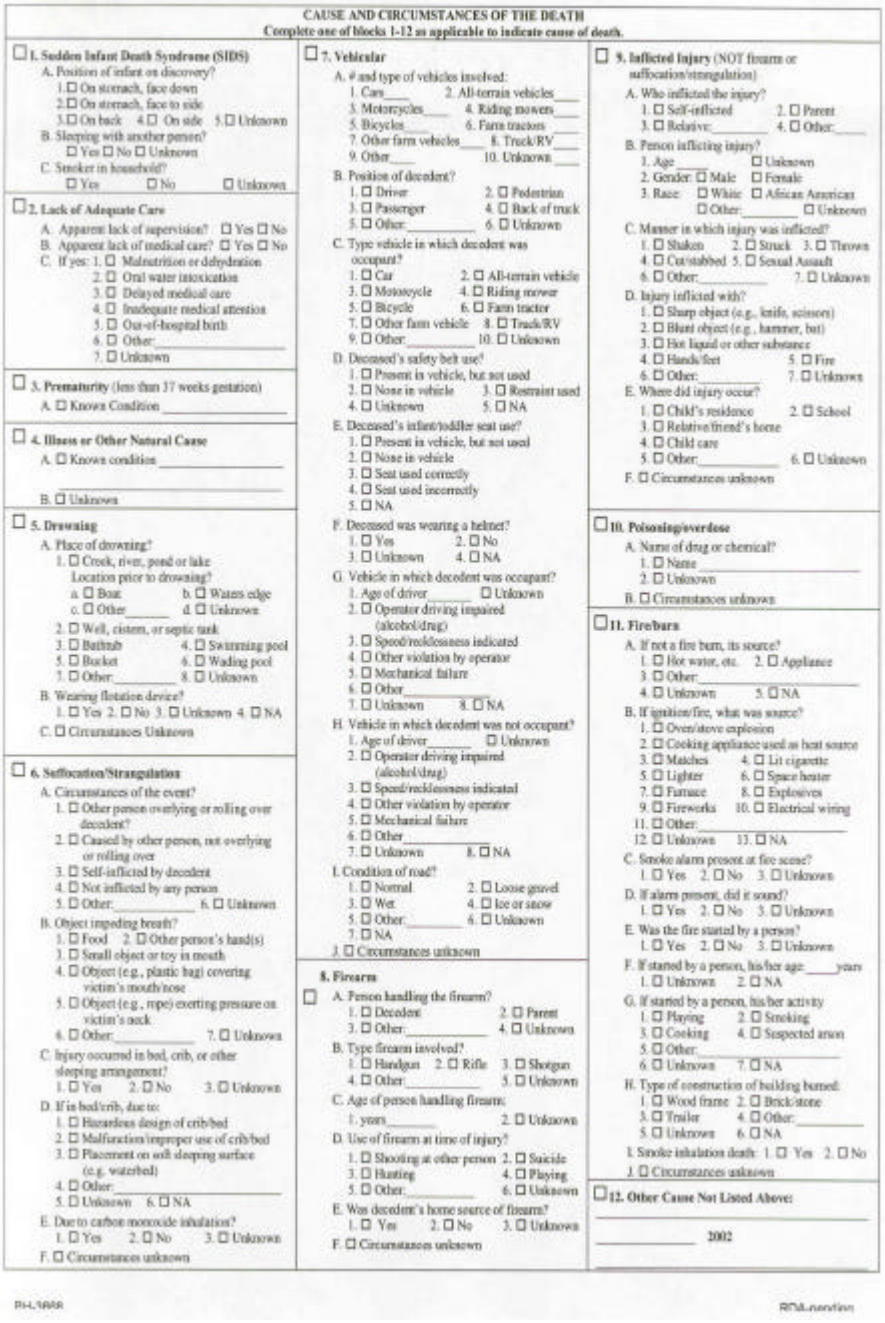
7. Manner of death as determined by the CFRT team:
☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide
☐ Could not be determined
☐ Undetermined due to suspicious circumstances

Additional information for State office:

Date case closed by CFRT: ___/___/___

PH-3668

RDA-pending



CAUSE AND CIRCUMSTANCES OF THE DEATH
Complete one of blocks 1-12 as applicable to indicate cause of death.

☐ **1. Sudden Infant Death Syndrome (SIDS)**
A. Position of infant on discovery?
1. ☐ On stomach, face down
2. ☐ On stomach, face to side
3. ☐ On back 4. ☐ On side 5. ☐ Unknown
B. Sleeping with another person?
☐ Yes ☐ No ☐ Unknown
C. Smoker in household?
☐ Yes ☐ No ☐ Unknown

☐ **2. Lack of Adequate Care**
A. Apparent lack of supervision? ☐ Yes ☐ No
B. Apparent lack of medical care? ☐ Yes ☐ No
C. If yes: 1. ☐ Malnutrition or dehydration
2. ☐ Oral water intoxication
3. ☐ Delayed medical care
4. ☐ Inadequate medical attention
5. ☐ Out-of-hospital birth
6. ☐ Other:_____
7. ☐ Unknown

☐ **3. Prematurity** (less than 37 weeks gestation)
A. ☐ Known Condition _____

☐ **4. Illness or Other Natural Cause**
A. ☐ Known condition _____
B. ☐ Unknown

☐ **5. Drowning**
A. Place of drowning?
1. ☐ Creek, river, pond or lake
Location prior to drowning?
a. ☐ Boat b. ☐ Waters edge
c. ☐ Other_____ d. ☐ Unknown
2. ☐ Well, cistern, or septic tank
3. ☐ Bathtub 4. ☐ Swimming pool
5. ☐ Bucket 6. ☐ Wading pool
7. ☐ Other:_____ 8. ☐ Unknown
B. Wearing flotation device?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown 4. ☐ NA
C. ☐ Circumstances Unknown

☐ **6. Suffocation/Strangulation**
A. Circumstances of the event?
1. ☐ Other person overlying or rolling over decedent?
2. ☐ Caused by other person, not overlying or rolling over
3. ☐ Self-inflicted by decedent
4. ☐ Not inflicted by any person
5. ☐ Other:_____ 6. ☐ Unknown
B. Object impeding breath?
1. ☐ Food 2. ☐ Other person's hand(s)
3. ☐ Small object or toy in mouth
4. ☐ Object (e.g., plastic bag) covering victim's mouth/nose
5. ☐ Object (e.g., rope) exerting pressure on victim's neck
6. ☐ Other:_____ 7. ☐ Unknown
C. Injury occurred in bed, crib, or other sleeping arrangement?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If in bed/crib, due to:
1. ☐ Hazardous design of crib/bed
2. ☐ Malfunction/improper use of crib/bed
3. ☐ Placement on soft sleeping surface (e.g. waterbed)
4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
E. Due to carbon monoxide inhalation?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **7. Vehicular**
A. # and type of vehicles involved:
1. Cars___ 2. All-terrain vehicles___
3. Motorcycles___ 4. Riding mowers___
5. Bicycles___ 6. Farm tractors___
7. Other farm vehicles___ 8. Truck/RV___
9. Other___ 10. Unknown___
B. Position of decedent?
1. ☐ Driver 2. ☐ Pedestrian
3. ☐ Passenger 4. ☐ Back of truck
5. ☐ Other:_____ 6. ☐ Unknown
C. Type vehicle in which decedent was occupant?
1. ☐ Car 2. ☐ All-terrain vehicle
3. ☐ Motorcycle 4. ☐ Riding mower
5. ☐ Bicycle 6. ☐ Farm tractor
7. ☐ Other farm vehicle 8. ☐ Truck/RV
9. ☐ Other:_____ 10. ☐ Unknown
D. Deceased's safety belt use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle 3. ☐ Restraint used
4. ☐ Unknown 5. ☐ NA
E. Deceased's infant/toddler seat use?
1. ☐ Present in vehicle, but not used
2. ☐ None in vehicle
3. ☐ Seat used correctly
4. ☐ Seat used incorrectly
5. ☐ NA
F. Deceased was wearing a helmet?
1. ☐ Yes 2. ☐ No
3. ☐ Unknown 4. ☐ NA
G. Vehicle in which decedent was occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
H. Vehicle in which decedent was not occupant?
1. Age of driver_____ ☐ Unknown
2. ☐ Operator driving impaired (alcohol/drug)
3. ☐ Speed/recklessness indicated
4. ☐ Other violation by operator
5. ☐ Mechanical failure
6. ☐ Other_____
7. ☐ Unknown 8. ☐ NA
I. Condition of road?
1. ☐ Normal 2. ☐ Loose gravel
3. ☐ Wet 4. ☐ Ice or snow
5. ☐ Other:_____ 6. ☐ Unknown
7. ☐ NA
J. ☐ Circumstances unknown

☐ **8. Firearm**
A. Person handling the firearm?
1. ☐ Decedent 2. ☐ Parent
3. ☐ Other:_____ 4. ☐ Unknown
B. Type firearm involved?
1. ☐ Handgun 2. ☐ Rifle 3. ☐ Shotgun
4. ☐ Other:_____ 5. ☐ Unknown
C. Age of person handling firearm:
1. years_____ 2. ☐ Unknown
D. Use of firearm at time of injury?
1. ☐ Shooting at other person 2. ☐ Suicide
3. ☐ Hunting 4. ☐ Playing
5. ☐ Other:_____ 6. ☐ Unknown
E. Was decedent's home source of firearm?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. ☐ Circumstances unknown

☐ **9. Inflicted Injury** (NOT firearm or suffocation/strangulation)
A. Who inflicted the injury?
1. ☐ Self-inflicted 2. ☐ Parent
3. ☐ Relative:_____ 4. ☐ Other:_____
B. Person inflicting injury?
1. Age _____ ☐ Unknown
2. Gender: ☐ Male ☐ Female
3. Race: ☐ White ☐ African American
☐ Other:_____ ☐ Unknown
C. Manner in which injury was inflicted?
1. ☐ Shaken 2. ☐ Struck 3. ☐ Thrown
4. ☐ Cut/stabbed 5. ☐ Sexual Assault
6. ☐ Other:_____ 7. ☐ Unknown
D. Injury inflicted with?
1. ☐ Sharp object (e.g., knife, scissors)
2. ☐ Blunt object (e.g., hammer, bat)
3. ☐ Hot liquid or other substance
4. ☐ Hands/feet 5. ☐ Fire
6. ☐ Other:_____ 7. ☐ Unknown
E. Where did injury occur?
1. ☐ Child's residence 2. ☐ School
3. ☐ Relative/friend's home
4. ☐ Child care
5. ☐ Other:_____ 6. ☐ Unknown
F. ☐ Circumstances unknown

☐ **10. Poisoning/overdose**
A. Name of drug or chemical?
1. ☐ Name _____
2. ☐ Unknown
B. ☐ Circumstances unknown

☐ **11. Fire/burn**
A. If not a fire burn, its source?
1. ☐ Hot water, etc. 2. ☐ Appliance
3. ☐ Other:_____
4. ☐ Unknown 5. ☐ NA
B. If ignition/fire, what was source?
1. ☐ Oven/stove explosion
2. ☐ Cooking appliance used as heat source
3. ☐ Matches 4. ☐ Lit cigarette
5. ☐ Lighter 6. ☐ Space heater
7. ☐ Furnace 8. ☐ Explosives
9. ☐ Fireworks 10. ☐ Electrical wiring
11. ☐ Other:_____
12. ☐ Unknown 13. ☐ NA
C. Smoke alarm present at fire scene?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
D. If alarm present, did it sound?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
E. Was the fire started by a person?
1. ☐ Yes 2. ☐ No 3. ☐ Unknown
F. If started by a person, his/her age:____years
1. ☐ Unknown 2. ☐ NA
G. If started by a person, his/her activity
1. ☐ Playing 2. ☐ Smoking
3. ☐ Cooking 4. ☐ Suspected arson
5. ☐ Other:_____
6. ☐ Unknown 7. ☐ NA
H. Type of construction of building burned:
1. ☐ Wood frame 2. ☐ Brick/stone
3. ☐ Trailer 4. ☐ Other:_____
5. ☐ Unknown 6. ☐ NA
I. Smoke inhalation death: 1. ☐ Yes 2. ☐ No
J. ☐ Circumstances unknown

☐ **12. Other Cause Not Listed Above:**
_____
_____ **2002**
_____

BILL PURCELL, MAYOR

EXECUTIVE ORDER NO. 005

SUBJECT: Executive Order

The following Executive Orders are hereby reaffirmed:

Executive Order No. 88-02
Executive Order No. 88-08
Executive Order No. 89-04
Executive Order No. 89-06 Amended
Executive Order No. 89-08
Executive Order No. 89-09
Executive Order No. 89-15
Executive Order No. 90-04
Executive Order No. 90-06
Executive Order No. 91-01
Executive Order No. 91-02
Executive Order No. 91-03
Executive Order No. 91-04 Amended
Executive Order No. 91-05
Executive Order No. 91-06
Executive Order No. 91-07 Amended
Amened Executive Order No. 91-07 Revised
Executive Order No. 92-02
Executive Order No. 94-01
Executive Order No. 94-02
Executive Order No. 94-03
Executive Order No. 94-05
Executive Order No. 94-06
Executive Order No. 95-01
Executive Order No. 95-02
Executive Order No. 95-03
Executive Order No. 95-04
Executive Order No. 95-05
Executive Order No. 97-01
Executive Order No. 98-01
Executive Order No. 99-01
Executive Order No. 99-02
Executive Order No. 99-03 Revised
Executive Order No. 99-04
Executive Order No. 99-05
Executive Order No. 99-06
Executive Order No. 99-07

The following Executive Orders are not continued if effect beyond the date of this Order:

Executive Order No. 88-03
Executive Order No. 88-04
Executive Order No. 91-10
Executive Order No. 91-11
Executive Order No. 92-01
Executive Order No. 92-03
Executive Order No. 92-04
Executive Order No. 92-05
Executive Order No. 92-06
Executive Order No. 96-01

Ordered, Effective and Issued:

Bill Purcell
Mayor

Date: November 19, 1999

http://www.nashville.gov/mc/executive/bp_005.htm 6/3/2003

Executive Order Number 94-01

EXECUTIVE ORDER NO. 94-01

Subject: **Establishment of Child Death Review Team of the Metropolitan Government**

I, Philip Bredesen, Mayor of The Metropolitan Government of Nashville and Davidson County, by virtue of the power and authority vested in me, do hereby direct and order that:

1. A Child Death Review Team is hereby established for The Metropolitan Government of Nashville and Davidson County.

2. The Team shall have 10 members, consisting of the following:

   Director of the Metropolitan Department of Health
   Director of the Metropolitan Department of Social Services
   Chief of the Department of Metropolitan Police
   County Medical Examiner of Davidson County
   Medical Director of "Our Kids, Inc."

   The following elected officials are requested to serve as members of the Team or to designate representatives from their offices to do so:

   District Attorney General of the 20th Judicial District of Tennessee
   Judge of the Juvenile Court for Davidson County

   In addition, the Commissioner of the Tennessee Department of Human Services is requested to designate a representative to serve on the team.

   In addition to the foregoing, there shall be two other members, at least one of whom shall be a board certified pediatrician or a board certified child psychiatrist.

3. The purpose of the Team is to review the death of any child below 18 years of age legally residing in Davidson County at the time of death, irrespective of the location where the death occurred. In connection with its investigation, the Team shall assist in identifying information which could be pertinent in determining the manner of death in any unexpected child fatalities; identify preventable deaths and strategies for the prevention of future childhood fatalities, including any which might be related to limited access to health care; and collect statistical and other data and report annually to the Mayor relating how children are dying in Nashville and recommending appropriate strategies for prevention.

4. The Director of the Metropolitan Department of Health shall serve as the Chair of the Team.

Executive Order Number 94-01, continued

5. The Team shall meet monthly. Special meetings may be called at the discretion of the Chair; the District Attorney; or the Medical Examiner.

6. Members of the Team shall serve without compensation; however, travel and related expenses may be reimbursed pursuant to the Metropolitan Government's travel regulations, with the approval of the Director of Finance.

7. The Team shall observe confidentiality to the maximum extent permitted by law.

8. The Director of Law or a designee from the Department of Law shall serve as legal advisor to the Team.

9. Subject to the approval of the appropriate department head, the Team may utilize the services of any staff or resources of the Metropolitan Government. The Chair may include non-voting advisory members on an ad hoc basis to assist with specific cases or issues under review.

This order shall become effective on January 1, 1994.

ORDERED THIS 7th DAY OF MARCH, 1994.

Philip Bredesen
Mayor

Child Fatality Review and Prevention Act of 1995

CHAPTER 142
CHILD FATALITY REVIEW AND PREVENTION

Section
68-142-101. Short title.
68-142-102. Child fatality prevention team.
68-142-103. Composition.
68-142-104. Voting members-Vacancies
68-142-105. Duties of state team.
68-142-106. Local teams-Composition-Vacancy-Chair-Meetings
68-104-107. Duties of local teams.
68-104-108. Powers of local team-Limitations-Confidentiality of state and local team records.
68-104-109. Staff and consultants.

68-104-101. Short title.

The chapter shall be known as and may be cited as the "Child Fatality Review and Prevention Act of 1995."

[Acts 1995, ch.511,§ 1.]

68-104-102. Child fatality prevention team.

There is hereby created the Tennessee child fatality prevention team, otherwise known as the state team. For administrative purposes only, the state team shall be attached to the department of health.

[Acts 1995, ch. 511, § 1.]

68-141-103. Composition.

The state team shall be composed as provided herein. Any ex officio member, other than the commissioner of health, may designate an agency representative to serve in such person's place. Members of the state team shall be as follows:
(1) The commissioner of health, who shall chair the state team;
(2) The attorney general and reporter;
(3) The commissioner of children's services;
(4) The director of the Tennessee bureau of investigation;
(5) A physician nominated by the state chapter of the American Medical Association;
(6) A physician to be appointed by the commissioner of health who is credentialed in forensic pathology, preferably with experience in pediatric forensic pathology;
(7) The commissioner of mental health and mental retardation;
(8) A member of the judiciary selected from a list submitted by the chief justice of the Tennessee Supreme Court;
(9) The executive director of the commission of children and youth;
(10)The president of the state professional society on the abuse of children;

Child Fatality Review and Prevention Act of 1995, continued

(11)A team coordinator, to be appointed by the commissioner of health;
(12)The chair of the select committee on children and youth;

(11)A team coordinator, to be appointed by the commissioner of health;
(12)The chair of the select committee on children and youth;
(13)Two (2) members of the house of representatives to be appointed by the speaker of the house, at least one (1) of whom shall be a member of the house health and human resources committee; and
(14)Two (2) senators to be appointed by the speaker of the senate at least one (1) of whom shall be a member of the senate general welfare, health and human resources committee.

[Acts 1995, ch. 511, § 152.]

68-142-104. Voting members-Vacancies

All members of the state team shall be voting members. All vacancies shall be filled by the appointing or designating authority in accordance with the requirements of § 68-142-103.

[Acts 1995, ch. 511, § 1.]

68-142-105. Duties of state team.

The state team shall:
(1) Review reports from the local child fatality review teams;
(2) Report to the governor and the general assembly concerning the state team's activities and its recommendations for changes to any law, rule, and policy that would promote the safety and well-being of children;
(3) Undertake annual statistical studies of the incidence and causes of child fatalities in this state. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families prior to and subsequent to the deaths;
(4) Provide training and written materials to the local teams established by this chapter to assist them in carrying out their duties. Such written materials may include model protocols for the operation of local teams;
(5) Develop a protocol for the collection of data regarding child deaths;
(6) Upon request of a local team, provide technical assistance to such team, including the authorization of another medical or legal opinion on a particular death; and
(7) Periodically assess the operations of child fatality prevention efforts and make recommendations for changes as needed.

[Acts 1995, ch. 511, § 2.]

Child Fatality Review and Prevention Act of 1995, continued

68-142-106. Local teams-Composition-Vacancy-Chair-Meetings.

(a) There shall be a minimum of one (1) local team in each judicial district;
(b) Each local team shall include the following statutory members or their designees;
(1) A supervisor of social services in the department of children's services within the area served by the team;
(2) The regional health officer in the department of health in the area served by the team or such officer's designee, who shall serve as interim chair pending the election by the local team;
(3) A medical examiner who provides services in the area served by the team;
(4) A prosecuting attorney appointed by the district attorney general;
(5) The interim chair of the local team shall appoint the following members to the local team:
(A) A local law enforcement officer;
(B) A mental health professional;
(C) A pediatrician or family practice physician;
(D) An emergency medical service provider or firefighter; and
(E) A representative from a juvenile court.
(c) Each local child fatality team may include representatives of public and nonpublic agencies in the community that provide services to children and their families;
(d) The local team may include non-statutory members to assist them in carrying out their duties. Vacancies on a local team shall be filled by the original appointing authority;
(e) A local team shall elect a member to serve as chair;
(f) The chair of each local team shall schedule the time and place of the first meeting, and shall prepare the agenda. Thereafter, the team shall meet no less often than once per quarter and often enough to allow adequate review of the cases meeting the criteria for review.

[Acts 1995, ch. 511, § 3; 1996, ch. 1079, § 152.]

68-142-107. Duties of local teams.

(a) The local child fatality review teams shall:
(1) Be established to cover each judicial district in the state;
(2) Review, in accordance with the procedures established by the state team, all deaths of children seventeen (17) years of age or younger;
(3) Collect data according to the protocol developed by the state team;
(4) Submit data on child deaths quarterly to the state team;
(5) Submit annually to the state team recommendations, if any, and advocate for system improvements and resources where gaps and deficiencies may exist; and
(6) Participate in training provided by the state team.
(b) Nothing in this chapter shall preclude a local team from providing consultation to any team member conducting an investigation.
(c) Local child fatality review teams may request a second medical or legal opinion to be authorized by the state team in the event that a majority of the local team's statutory membership is in agreement that a second opinion is needed.

[Acts 1995, ch. 511, § 4.]

Child Fatality Review and Prevention Act of 1995, continued

68-142-108. Posers of local team-Limitations-Confidentiality of state and local team records.

(a) The local team shall have access to and subpoena power to obtain all medical records and records maintained by any state, county or local agency,
Including, but not limited to, police investigations data, medical examiner investigative data and social services records, as necessary to complete the review of a specific fatality.
(b) The local team shall not, as part of the review authorized under this chapter, contact, question or interview the parent of the deceased child or any other
family member of the child whose death is being reviewed.
(c) The local team may request that persons with direct knowledge of circumstances surrounding a particular fatality provide the local team with information necessary to complete the review of the particular fatality, such
persons may include the person or persons who first responded to a report concerning the child.
(d) Meetings of the state team and each local team shall not be subject to the provisions of title 8, chapter 44, part 1. Any minutes or other information generated during official meetings of state or local teams shall be sealed from public inspection. However, the state and local teams may periodically make available, in a general manner not revealing confidential information about children and families, the aggregate findings of their reviews and their recommendations for preventive actions.
(e) (1) All otherwise confidential information and records acquired by the state team or any local child fatality review team in the exercise of the duties are
confidential, are not subject to discovery or introduction into evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state team or local teams.
(2) In addition, all otherwise confidential information and records created by a local team in the exercise of its duties are confidential, are not subject to discovery or introduction in evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state or local teams. Release to the public or the news media of information discussed at official meetings is strictly prohibited. No member of the state team, a local team not any person who attends an official meeting of the state team or a local team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meeting.
(3) This subsection shall not, however, prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge.
(f) Each statutory member of a local child fatality review team and each non-statutory member of a local team and each person otherwise attending a meeting of a local child fatality review team shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

[Acts 1995, ch. 511, § 5.]

68-142-109. Staff and consultants.

To the extent of funds available, the state team may hire staff or consultants to assist the state team and local teams in completing their duties.

Nashville Child Death Review Team Members

Stephanie B. C. Bailey, M.D., M.S.H.S.A
Director, Metropolitan Nashville Health Department
311 Twenty Third Avenue North
Nashville, TN 37203

Bonnie Beneke, LCSW
Old Harding Psychological Consultants
5819 Old Harding Road, Suite 204
Nashville, TN 37205

Dorothy Berry
Acting Director
Metro Social Services
25 Middleton Street
Nashville, TN 37210

Andrea Bracikowski, M.D.
Vanderbilt University Medical Center
Director of Pediatric Emergency Medicine
703 Oxford House
1313 Twenty First Avenue South
Nashville, TN 37232-4700

Susan B. Campbell, M.D.
Middle Tennessee Neonatology Associates
Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203

Ron Carter, Detective
Metropolitan Nashville Police Department
Division of Internal Affairs
200 James Robertson Parkway
Nashville, TN 37201

Mark Chesnut, Sergeant
Metropolitan Nashville Police Department
Youth Services Division
200 James Robertson Parkway
Nashville, TN 37201

Nashville Child Death Review Team Members

Wilo Clark
Caring for Children
700-2nd Ave. South, Suite 200
Nashville, TN 37210

Margie Davis
Metropolitan Nashville Juvenile Court
100 Woodland Street
Nashville, TN 37213

Jessica Doyle
Juvenile Court of Nashville Davidson County
100 Woodland Street
Nashville, TN 37213

Christopher Greeley, M. D.
Vanderbilt Medical Center
5028 Medical Center East
Nashville, TN 37232-8555

Veronica Gunn, M.D, Asst. Professor
Division of General Pediatrics
Vanderbilt Medical Center
5028 Medical Center East
Nashville, TN 37232-8555

Brian K. Holmgren
Assistant District Attorney General
Office of the District Attorney General
222 2nd Avenue North
Nashville, TN 37201-1649

Bruce Levy, M.D., Medical Examiner
Tennessee Department of Health
Office of State Medical Examiner
Center Forensic Medicine
850 R.S. Gass Blvd.
Nashville, TN 37216-2640

Nashville Child Death Review Team Members

Brook McKelvey, M.A., M.P.H.
Maternal and Child Health Epidemiologist
Metro Public Health Department
311 23rd Avenue North
Nashville, TN 37203

Michael Meadors, M. D.
301 Baptist Plaza I
2011 Church Street
Nashville, TN 37203

Katy Miller
Assistant District Attorney
District Attorney's Office Davidson County
222 Second Avenue North, Suite 500
Nashville, TN 37201

Olayinka Onadeko, M.S., M.D.
Chief of Pediatrics
Metropolitan Nashville General Hospital
1818 Albion Street
Nashville, TN 37208

Michelle Richter, Lieutenant
Metropolitan Police Department
Homicide/Murder Squad Division
200 James Roberston Parkway
Nashville, TN 37201

Sue Ross, RNC, MSN, P.N.P
"Our Kids"
1804 Hayes Street
Nashville, TN 37203

Patricia Slade, MBA, MSN, RN
Nursing Specialist
Department of Children's Services
900 Second Avenue, North
Nashville, TN 37243

Nashville Child Death Review Team Members

Joaquin Toon, District Chief
Nashville Fire Department
Metro Ambulance Service
63 Hermitage Avenue
Nashville, TN 37210

Harriett Wade
Department of Children's Services
900 Second Avenue North
Nashville, TN 37243

Jannie Williams, M.P.A
Metro Public Health Department
311 23rd Avenue North
Nashville, TN 37203

Julius Witherspoon, M.P.A.
Metro Social Services
25 Middleton Street
Nashville, TN 37210

Kimberlee Wyche-Etheridge, M.D., M.P.H.
Metro Public Health Department
311 23rd Avenue, North
Nashville, TN 37203